

FORM NIS-1 (back)

8. Examination Dates 5/17/96 to 8/13/98 9. Inspection Interval from 3/14/87 to 8/13/98*
* See report for Interval extension explanation
10. Abstract of Examination. Include a list of examinations and a statement concerning status of work required for current interval. *See Attached
11. Abstract of Conditions Noted *See Attached
12. Abstract of Corrective Measures Recommended and Taken *See Attached

We certify that the statements made in this report are correct and the examinations and corrective measures taken conform to the rules of the ASME Code, Section XI.

Date OCTOBER 23 19 98 Signed Florida Power Corp. By [Signature]
Owner

Certificate of Authorization No. (if applicable) N/A Expiration Date N/A

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and/or the State or Province of FLORIDA and employed by THE HARTFORD STEAM BOILER I & I Co of HARTFORD, CT Have inspected the components described in this Owner's Data Report during the period 5-17-96 to 10-27-98 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Data Report in accordance with the requirements of the ASME code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examination and corrective measures described in this Owner's Data Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Date 10-27 19 98

[Signature] Commissions NBTSO INCA FL 95
Inspector's Signature National Board, State, Province, and No.

TABLE 1
ATTACHMENT TO NIS-1 OWNER'S REPORT
FOR
INSERVICE INSPECTION

EXAMINATION CATEGORY	SUMMARY NUMBER	CONSTRUCTION IDENTIFICATION	COMPONENT	ASME ITEM #	NDE METHOD
AUGMENTED	X0.3.1	A-1 HPI THERMAL SLEEVE	THERMAL SLEEVE AND PIPING	N/A	UT/RT
AUGMENTED	X0.3.2	A-2 HPI THERMAL SLEEVE	THERMAL SLEEVE AND PIPING	N/A	UT/RT
AUGMENTED	X0.3.3	A-2 HPI THERMAL SLEEVE	THERMAL SLEEVE AND PIPING	N/A	UT/RT
AUGMENTED	X0.3.4	A-2 HPI THERMAL SLEEVE	THERMAL SLEEVE AND PIPING	N/A	UT/RT
B-G-2	B2.7.2	MK76 HTR BDL NUT	BOLTING	B7.50	VT1
B-G-2	B4.12.1	MUHE-1C	BOLTING	B7.50	VT1
B-G-2	B4.12.2	MUHE-1C	BOLTING	B7.50	VT1
B-G-2	B4.12.3	MUHE-1C	BOLTING	B7.50	VT1
B-G-2	B4.12.4	MUHE-1C - FLANGE BOLTING	BOLTING	B7.50	VT1
B-G-2	B6.9.29	MUV-497	BOLTING	B7.70	VT1
B-G-2	B6.9.30	MUV-497	BOLTING	B7.70	VT1
B-G-2	B6.9.31	MUV-38	BOLTING	B7.70	VT1
B-G-2	B6.9.32	MUV-38	BOLTING	B7.70	VT1
B-G-2	B6.9.33	MUV-498	BOLTING	B7.70	VT1
B-G-2	B6.9.34	MUV-498	BOLTING	B7.70	VT1
B-G-2	B6.9.35	MUV-504	BOLTING	B7.70	VT1
B-G-2	B6.9.36	MUV-504	BOLTING	B7.70	VT1
B-G-2	B6.9.37	MUV-505	BOLTING	B7.70	VT1
B-G-2	B6.9.38	MUV-505	BOLTING	B7.70	VT1
B-G-2	B6.9.39	RCV-36	BOLTING	B7.70	VT1
B-G-2	B6.9.40	RCV-36	BOLTING	B7.70	VT1
B-G-2	B6.9.41	RCV-11 BONNET BLT	BOLTING	B7.70	VT1
B-G-2	B6.9.42	RCV-11	BOLTING	B7.70	VT1
B-G-2	B6.9.43	RCV-8 S/N BL-8900	BOLTING	B7.70	VT1
B-G-2	B6.9.44	RCV-8 S/N BL-8900	BOLTING	B7.70	VT1
B-G-2	B6.9.45	RCV-9 S/N BU03148	BOLTING	B7.70	VT1
B-G-2	B6.9.46	RCV-9 S/N BU03148	BOLTING	B7.70	VT1

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EXAMINATION CATEGORY	SUMMARY NUMBER	CONSTRUCTION IDENTIFICATION	COMPONENT	ASME ITEM #	NDE METHOD
B-G-2	B6.9.47	RCV-8 S/N BL-08899	BOLTING	B7.70	VT1
B-G-2	B6.9.48	RCV-8 S/N BL-8899	BOLTING	B7.70	VT1
B-G-2	B6.9.49	RCV-9 S/N BU-3149	BOLTING	B7.70	VT1
B-G-2	B6.9.50	RCV-9 S/N BU-3149	BOLTING	B7.70	VT1
B-H	B2.8.3	MK126/128-3 W-X AXIS	INT. ATTACHMENT	B8.20	MT
B-H	B2.8.5	MK126/128-3 X AXIS	INT. ATTACHMENT	B8.20	MT
B-H	B2.8.7	MK126/128-3 X-Y AXIS	INT. ATTACHMENT	B8.20	MT
B-H	B2.8.9	MK126/128-3 Y AXIS	INT. ATTACHMENT	B8.20	MT
B-H	B2.8.11	MK126/128-3 Y-Z AXIS	INT. ATTACHMENT	B8.20	MT
B-H	B2.8.15	MK126/128-3 Z-W AXIS	INT. ATTACHMENT	B8.20	MT
B-J	B4.5.108.11	MU85-267	PIPING WELD	B9.21	PT
B-J	B4.5.108.12	MU85-268	PIPING WELD	B9.21	PT
B-J	B4.5.252	83 TO 82 WJ-3B	PIPING WELD	B9.11	UT/PT
B-J	B4.5.534	MK 64 TO 1	PIPING WELD	B9.21	PT
B-J	B4.5.536	MK 4 TO RCV-48	PIPING WELD	B9.21	PT
B-J	B4.5.538	MK 4 TO SWCPLG	PIPING WELD	B9.40	PT
B-J	B4.5.539	SWCPLG TO 4	PIPING WELD	B9.40	PT
B-J	B4.5.543	MK 4 TO RCV-49	PIPING WELD	B9.40	PT
B-J	B4.5.548	MK 64 TO 1	PIPING WELD	B9.21	PT
B-J	B4.5.550	MK 4 TO 4 - W11	PIPING WELD	B9.21	PT
B-J	B4.5.551	MK 4 TO RCV-27 - W3	PIPING WELD	B9.21	PT
B-J	B4.5.555	RCV-28 TO 4 - W9	PIPING WELD	B9.21	PT
B-J	B4.5.556	MK 2 TO 3 - W7	PIPING WELD	B9.21	PT
B-J	B4.5.590	RCP-1A SEAL COOLER	PIPING WELD	B9.40	PT
B-J	B4.5.591	RCP-1B SEAL COOLER	PIPING WELD	B9.40	PT
B-J	B4.5.594	RCP-1A SEAL COOLER	PIPING WELD	B9.40	PT
B-J	B4.5.595	RCP-1B SEAL COOLER	PIPING WELD	B9.40	PT
B-J	B4.5.596	RCP-1C SEAL COOLER	PIPING WELD	B9.40	PT
B-J	B4.5.598	RCP-1A SEAL COOLER	PIPING WELD	B9.40	PT
B-J	B4.5.599	RCP-1B SEAL COOLER	PIPING WELD	B9.40	PT

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EXAMINATION CATEGORY	SUMMARY NUMBER	CONSTRUCTION IDENTIFICATION	COMPONENT	ASME ITEM #	NDE METHOD
B-J	B4.5.600	RCP-1C SEAL COOLER	PIPING WELD	B9.40	PT
B-J	B4.5.602	RCP-1A SEAL COOLER	PIPING WELD	B9.40	PT
B-J	B4.5.603	RCP-1B SEAL COOLER	PIPING WELD	B9.40	PT
B-J	B4.5.606	RCP-1A SEAL COOLER	PIPING WELD	B9.40	PT
B-J	B4.5.607	RCP-1B SEAL COOLER	PIPING WELD	B9.40	PT
B-J	B4.5.608	RCP-1C SEAL COOLER	PIPING WELD	B9.40	PT
B-J	B4.5.610	RCP-1A SEAL COOLER	PIPING WELD	B9.40	PT
B-J	B4.5.611	RCP-1B SEAL COOLER	PIPING WELD	B9.40	PT
B-J	B4.5.612	RCP-1C SEAL COOLER	PIPING WELD	B9.40	PT
B-J	B4.5.635	MU85-254	PIPING WELD	B9.21	PT
B-J	B4.5.636	MU85-255	PIPING WELD	B9.21	PT
B-J	B4.5.637	MU85-256	PIPING WELD	B9.21	PT
B-J	B4.5.638	MU85-257	PIPING WELD	B9.21	PT
B-J	B4.5.639	MU85-263	PIPING WELD	B9.21	PT
B-J	B4.5.640	MU85-264	PIPING WELD	B9.21	PT
B-J	B4.5.641	MU85-265	PIPING WELD	B9.21	PT
B-J	B4.5.642	MU85-266	PIPING WELD	B9.21	PT
B-J	B4.6.7	A46 TO A44	PIPING WELD	B9.32	MT
B-K-1	B4.9.7	CFH-19	INT. ATTACHMENT	B10.10	PT
B-M-1	B6.6.3	RCV-8 S/N BL-8900	VLV. BODY WELD	B12.30	PT
B-M-1	B6.6.4	RCV-9 S/N BU-03148	VLV. BODY WELD	B12.30	PT
B-M-1	B6.6.5	RCV-8 S/N BL-08899	VLV. BODY WELD	B12.30	PT
B-M-1	B6.6.6	RCV-9 S/N BU-03149	VLV. BODY WELD	B12.30	PT
C-B	C1.2.3	DH COOLER A INLET	NOZZLE-SHELL WELD	C2.21	UT/PT
C-B	C1.2.3.1	DH COOLER A INLET	INNER RADIUS	C2.22	UT
C-B	C1.2.7	DH COOLER A OUTLET	NOZZLE-SHELL WELD	C2.21	UT/PT
C-B	C1.2.7.1	DH COOLER A OUTLET	INNER RADIUS	C2.22	UT
C-C	C2.5.1	MSH-158A	INT. ATTACHMENT	C3.20	MT
C-C	C2.5.2	MSH-161	INT. ATTACHMENT	C3.20	MT
C-C	C2.5.3	MSH-154	INT. ATTACHMENT	C3.20	MT

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EXAMINATION CATEGORY	SUMMARY NUMBER	CONSTRUCTION IDENTIFICATION	COMPONENT	ASME ITEM #	NDE METHOD
C-C	C2.5.4	MSH-242	INT. ATTACHMENT	C3.20	MT
C-C	C2.5.10	MSH-153	INT. ATTACHMENT	C3.20	MT
C-C	C2.5.29	FWH-146	INT. ATTACHMENT	C3.20	MT
C-C	C2.5.30	FWH-148	INT. ATTACHMENT	C3.20	MT
C-C	C2.5.40	FWH-114A	INT. ATTACHMENT	C3.20	MT
C-C	C2.5.55	EFH-88A	INT. ATTACHMENT	C3.20	MT
C-C	C2.5.56	EFH-540	INT. ATTACHMENT	C3.20	MT
C-C	C2.5.57	EFH-135	INT. ATTACHMENT	C3.20	MT
C-C	C2.5.67	DHH-646	INT. ATTACHMENT	C3.20	PT
C-C	C2.5.69	MUH-943	INT. ATTACHMENT	C3.20	PT
C-C	C2.5.70	DHH-641	INT. ATTACHMENT	C3.20	PT
C-C	C2.5.76	PEN-106 (A-1 MS LINE)	INT. ATTACHMENT	C3.20	MT
C-F	C2.1.86	MU-45	PIPING WELD	C5.11	PT
C-F	C2.1.503	DH-36	PIPING WELD	C5.11	PT
C-F	C2.1.538	DH-40D	PIPING WELD	C5.11	PT
C-F	C2.1.548	DH-72	PIPING WELD	C5.11	PT
C-F	C2.1.605	DH-132	PIPING WELD	C5.11	PT
C-F	C2.1.611	DH-145	PIPING WELD	C5.11	PT
C-F	C2.1.639	DH-110B	PIPING WELD	C5.11	PT
C-F	C2.1.641	DH-110D	PIPING WELD	C5.11	PT
C-F	C2.1.656	MU-42A	PIPING WELD	C5.11	PT
C-F	C2.1.657	MU-43B	PIPING WELD	C5.11	PT
C-F	C2.1.663	MU-47A	PIPING WELD	C5.11	PT
C-F	C2.1.664	MU-65	PIPING WELD	C5.11	PT
C-F	C2.1.665	MU-66	PIPING WELD	C5.11	PT
C-F	C2.1.666	MU-48B	PIPING WELD	C5.11	PT
C-F	C2.1.672	MU-34A	PIPING WELD	C5.11	PT
C-F	C2.1.673	MU-47	PIPING WELD	C5.11	PT
C-F	C2.1.674	MU-48	PIPING WELD	C5.11	PT
C-F	C2.1.675	MU-46	PIPING WELD	C5.11	PT

TABLE 1
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EXAMINATION CATEGORY	SUMMARY NUMBER	CONSTRUCTION IDENTIFICATION	COMPONENT	ASME ITEM #	NDE METHOD
C-F	C2.1.677	MU-35C	PIPING WELD	C5.11	PT
C-F	C2.1.680	MU-36A	PIPING WELD	C5.11	PT
C-F	C2.1.691	MU-23E	PIPING WELD	C5.11	PT
C-F	C2.1.693	MU-23C	PIPING WELD	C5.11	PT
C-F	C2.1.694	MU-23A	PIPING WELD	C5.11	PT
C-F	C2.1.695	MU-34	PIPING WELD	C5.11	PT
C-F	C2.1.696	MU-35	PIPING WELD	C5.11	PT
C-F	C2.1.703	MU-30A	PIPING WELD	C5.11	PT
C-F	C2.1.704	MU-44	PIPING WELD	C5.11	PT
C-F	C2.1.705	MU-31B	PIPING WELD	C5.11	PT
C-F	C2.1.706	MU-32A	PIPING WELD	C5.11	PT
C-F	C2.1.710	MU-35D	PIPING WELD	C5.11	PT
D-A	D2.5.6	SWH-556	INT. ATTACHMENT	D1.20	VT1
D-A	D2.5.7	SWH-557	INT. ATTACHMENT	D1.20	VT1
D-A	D2.5.19	MSH-208	INT. ATTACHMENT	D1.20	VT1
D-A	D2.5.21	MSH-190	INT. ATTACHMENT	D1.20	VT1
D-A	D2.5.28	MSH-192	INT. ATTACHMENT	D1.20	VT1
D-A	D2.5.31	RWH-10	INT. ATTACHMENT	D1.20	VT1
D-A	D2.5.32	RWH-79	INT. ATTACHMENT	D1.20	VT1
D-A	D2.5.33	SWR-521	INT. ATTACHMENT	D1.20	VT1
D-A	D2.5.39	EFH-84	INT. ATTACHMENT	D1.20	VT1
D-A	D2.5.43	EFH-78	INT. ATTACHMENT	D1.20	VT1
D-A	D2.5.66	RW-17	INT. ATTACHMENT	D1.20	VT1
D-A	D2.5.79	SWHE-1A	INT. ATTACHMENT	D1.20	VT3
D-A	D2.5.83	DCHE-1A	INT. ATTACHMENT	D1.20	VT3
D-A	D2.5.85	DHHE-1A	INT. ATTACHMENT	D1.20	VT3
D-A	D2.5.87	DCT-1A	INT. ATTACHMENT	D1.20	VT3
D-A	D2.5.89	SWT-1	INT. ATTACHMENT	D1.20	VT3
D-A	D2.5.92	RWP-2A	INT. ATTACHMENT	D1.20	VT3
D-A	D2.5.93	RWP-3A	INT. ATTACHMENT	D1.20	VT3

TABLE 1
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EXAMINATION CATEGORY	SUMMARY NUMBER	CONSTRUCTION IDENTIFICATION	COMPONENT	ASME ITEM #	NDE METHOD
D-A	D2.5.96	SWP-1A	INT. ATTACHMENT	D1.20	VT3
D-A	D2.5.98	SWP-1C	INT. ATTACHMENT	D1.20	VT3
D-A	D2.5.99	DCP-1A	INT. ATTACHMENT	D1.20	VT3
F-A	MSH-190	MSH-190	SUPPORT	F1.30B	VT-3
F-A	MSH-192	MSH-192	SUPPORT	F1.30B	VT-3
F-A	EFH-593	EFH-593	SUPPORT	F1.30B	VT-3
F-A	EFH-594	EFH-594	SUPPORT	F1.30B	VT-3
F-A	EFH-595	EFH-595	SUPPORT	F1.30B	VT-3
F-A	EFH-596	EFH-596	SUPPORT	F1.30A	VT-3
F-A	EFH-597	EFH-597	SUPPORT	F1.30B	VT-3
F-A	EFT-2	EFT-2	SUPPORT	F1.40	VT-3

TABLE 2

**NIS-2 OWNER'S REPORT
 OF
 REPAIR OR REPLACEMENT**

The following NIS-2 forms are attached in compliance with the requirements of Article IWA-6230 of ASME Section XI, 1983 edition with summer Addenda

Class 1 NIS-2 Reports NIS-2 Reports NIS-2 Reports NIS-2 Reports NIS-2 Reports

Work Request #	Description	Repaired / Replacement
324507	C cold leg thermal sleeve and nozzle	Replacement
325419	Valve RCV-8	Replacement
343956	RCSG-1A manway studs (primary hand hole)	Replacement
343974	Valve RCV-9	Replacement
345517	RCSG-1A Tube Plugging	Repair
345518	RCSG-1B Tube Plugging	Repair
346526	Valve MUV-567	Replacement

Class 2 NIS-2 Reports

Work Request #	Description	Repaired / Replacement
311593	RCSG-1A manway studs (secondary)	Replacement
311594	RCSG-1B manway studs (secondary)	Replacement
324106	MUV-17 (disc)	Replacement
324921	Support DHH-620	Replacement
324954	Support DHH-542A, 548, 554, 558, 566, 576, 583, 588, DHR-17	Replacement
333363	MSV-39, 40 (studs)	Replacement
336800	RCSG-1A manway studs (secondary)	Replacement
336850	RCSG-1B manway studs (secondary)	Replacement
340088	DHP-1B (rotating assembly)	Replacement
341851	MU supports (prefab)	Replacement
341873	MU valve internals	Replacement
341896	Support	Replacement
341999	Valve DHV-32 (bonnet bolting)	Replacement
342915	Valve MSV-411 (internals and bonnet bolting)	Repaired / Replacement
342916	Valve MSV-412 (internals and bonnet bolting)	Repaired / Replacement
342917	Valve MSV-413 (internals and bonnet bolting)	Repaired / Replacement

TABLE 2

NIS-2 OWNER'S REPORT
 OF
 REPAIR OR REPLACEMENT

Class 2 NIS-2 Reports cont.

Work Request #	Description	Repaired / Replacement
342918	Valve MSV-413 (internals and bonnet bolting)	Repaired / Replacement
343940	Support	Replacement
344136	Valve MSV-413 (bonnet bolting)	Replacement
344731	Supports	Replacement
344735	Supports	Replacement
345310	MU Piping MOD	Replacement
345311	Piping and Valves	Replacement
345421	Supports	Replacement
345480	Support	Replacement
346077	Valve DHV-21	Replacement
346166	Penetration #353 expansion joint	Replacement
346429	Valve MUV-59	Repaired
346482	Basemetal repair FW	Repaired
346553	Supports	Repaired / Replacement
346859	Repair weld	Repaired
347274	Valve MUV-60	Repaired
347281	Support	Repaired
347861	Supports	Replacement
348039	Supports	Replacement
348115	Piping	Repaired / Replacement
348139	Feed Water Nozzle (studs and nuts)	Replacement
348505	Valve FWV-29 (bonnet bolting)	Replacement
349014	Valve MSV-56 (Bonnet)	Replacement
349042	Support	Replacement
349102	Support	Replacement
349111	Support	Replacement
349430	Piping	Replacement
350087	Support	Replacement
350332	Piping	Replacement

TABLE 3

NIS-2 OWNER'S REPORT
 OF
 REPAIR OR REPLACEMENT

The following NIS-2 forms are attached in compliance with the requirements of Article IWA-6230 of ASME Section XI, 1983 edition with summer Addenda

Class 1 NIS-2 Reports

Work Request #	Description	Repaired / Replacement
301908	RCSG-1A Manway bolting	Replacement
301059	CRDM Bolting	Replacement
312027	MUV-161 Body to Bonnet bolting	Replacement
312028	MUV-160 Body to Bonnet bolting	Replacement
299500	RCSG-1B Primary hand hole bolting	Replacement
301732	MUV-37 Body to Bonnet bolting	Replacement

Class 2 NIS-2 Reports

308253	MUV-6 Body to Bonnet bolting	Replacement
319344	RCSG-1B Manway bolting	Replacement
319520	BS-12-FO bolting	Replacement
309285	DH-1-FE1	Replacement
319148	SWV-118 Body to Bonnet bolting	Replacement
325103	BSV-153 Flange bolting	Replacement
319138	SWV-117 Body to Bonnet bolting	Replacement
313683	MUV-58 Body to Bonnet bolting	Replacement
326358	MUV-454 Body to Bonnet bolting	Replacement
302300	FWV-38 Body to Bonnet bolting	Replacement
318676	CIV-40 Body to Bonnet bolting	Replacement
331731	Fuel Transfer Tube Flange bolting	Replacement



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042						DATE 3-8-96	
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15780 W. Power Line Street Crystal River, FL 34428-8708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.				REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 324507			
	ADDRESS 15780 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM MU							
5a.	APPLICABLE CONSTRUCTION CODE USAS B31.7			EDITION 1969	ADDENDA NA	CODE CASES NA		
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA					CODE CASES NA		
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
PIPE	NA	NA	NA	C COLD LEG	NA	REPLACEMENT		X

NIS-2 CONTINUATION

WR 324507
PAGE 2 OF 2

7.	DESCRIPTION OF WORK INSTALLED NEW THERMAL SLEEVE AND SAFE END BY WELDING.			
8.	TESTS CONDUCTED	<input type="checkbox"/> N/A	PRESSURE	TESTS TEMP.
	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other		2241 psi	555 F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)			

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>B. Brown</i>	TITLE <i>Senior Nuclear Mech Engr</i>	DATE <i>2-2-98</i>
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HARTFORD STEAM BOILER I & I Co. of HARTFORD, CT have inspected the components described in this Owner's Report during the period 3-8-96 to 2-2-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

<i>John A. White</i>	<u>NB 7550 INCA FL 195</u>
INSPECTOR'S SIGNATURE	COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
<u>2-2-98</u>	
DATE	



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	DATE 2-8-96							
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15780 W. Power Line Street Crystal River, FL 34428-6708								
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.	REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 325419							
3.	ADDRESS 15780 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428								
4.	IDENTIFICATION OF SYSTEM RC								
5a.	APPLICABLE CONSTRUCTION CODE ASME SECT. III, ART. 9	EDITION 1965							
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA	ADDENDA SUMMER 1967							
5b.		CODE CASES N/A							
6.	Identification of Components Repaired or Replaced and Replacement Components								
	NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
								YES	NO
	RELIEF VALVE	DRESSER	BL-8899	NA	RCV-8	NA	REPLACEMENT	X	

NIS-2 CONTINUATION

WR 325419
PAGE 2 OF 2

7.	DESCRIPTION OF WORK REPLACED RCV-8		
8.	TESTS CONDUCTED <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Other	PRESSURE 2241 psi	TESTS TEMP. 536 F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>Bl...</i>	TITLE <i>Senior Nuclear Mech Engr</i>	DATE <i>2-3-98</i>
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HARTFORD STEAM BOILER I & I Co of HARTFORD, CT have inspected the components described in this Owner's Report during the period 2-8-96 to 2-4-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

<i>Paul A. ...</i>	<u>NB TSSO INCA FL 195</u>
INSPECTOR'S SIGNATURE	COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
<u>2-4-98</u>	
DATE	



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042						DATE 6-24-97	
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15780 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.				REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 343956			
	ADDRESS 15780 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM RC							
5a.	APPLICABLE CONSTRUCTION CODE ASME SECTION III CLASS A			EDITION 1965	ADDENDA SUMMER 1967	CODE CASES NA		
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA					CODE CASES NA		
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
STEAM GENERATOR	B&W	6200007551	N-119	RCSG-1A	1971	REPLACEMENT	X	

NIS-2 CONTINUATION

WR 343956
PAGE 2 OF 2

7.	DESCRIPTION OF WORK	REPLACED 12 STUDS AND NUTS FOR THE LOWER PRIMARY HAND HOLE		
	COVER			
8.	TESTS CONDUCTED	<input checked="" type="checkbox"/> N/A	PRESSURE	TESTS TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other		N/A psi	N/A F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)			

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>B. Robinson</i>	TITLE <i>Senior Nuclear Mech Engr</i>	DATE <i>2/24/98</i>
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HARTFORD STEAM BOILER I & I Co of HARTFORD, CT have inspected the components described in this Owner's Report during the period 6-24-97 to 2-21-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

<i>John A. Solarte</i>	<u>NB7550 INCA FL195</u>
INSPECTOR'S SIGNATURE	COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
<u>2-21-98</u>	
DATE	



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

NIS-2.FRM

1.	OWNER	Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	DATE 7/18/97						
2.	PLANT	Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708	Page 1 of 2						
3.	WORK PERFORMED BY (NAME) Florida Power Corporation ADDRESS 15760 W. Power Line Street, Crystal River, FL 34428-6708	REPAIR ORGANIZATION, P.O. NUMBER, WR NUMBER, ETC. 343974 (w/r)							
4.	IDENTIFICATION OF SYSTEM RC								
5a.	APPLICABLE CONSTRUCTION CODE ASME SECT. III ARTICLE 9	EDITION 19 65	ADDENDA, CODE CASES SUMMER 1967, N/A						
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983	ADDENDA, CODE CASES 1983, SUMMER ADDENDA, NO CODE CASES							
6.	Identification of Components Repaired or Replaced and Replacement Components								
	NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL NUMBER	NATIONAL BD. NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
								YES	NO
	VALVE	DRESSER	BU-03148	NA	RCV-9	N/A	REPLACEMENT	Y	

NIS-2 CONTINUATION
WR# 343974

7.	DESCRIPTION OF WORK		
	INSTALLED NEW VALVE BY BOLTING		
8.	TESTS CONDUCTED	PRESSURE	TEST TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input checked="" type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other	2241 psi	536° °F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement Conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE	TITLE	DATE
<i>B. R. Johnson</i>	Senior Nuclear Mech Grp	3/11/98

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA employed by THE HARTFORD STEAM BOILER I & I COMPANY of HARTFORD, CT have inspected the

components described in this Owner's Report during the period 7/18/97 to 3-14-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Paul A. Blau
INSPECTOR'S SIGNATURE

NB 7550 INCA FL 195
COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)

3-14-98
DATE



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER	Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	DATE		7-9-97				
2.	PLANT	Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6706							
3.	WORK PERFORMED BY (NAME)	REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC.							
	FLORIDA POWER CORP.	WR 345517							
	ADDRESS	15760 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM								
	RC								
5a.	APPLICABLE CONSTRUCTION CODE	EDITION	ADDENDA	CODE CASES					
	ASME SEC III	1965	S67	1332-4, 1338-4					
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS			CODE CASES					
	1983 EDITION, SUMMER 1983 ADDENDA			83S83					
6.	Identification of Components Repaired or Replaced and Replacement Components								
	NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
								YES	NO
	'A' OTSG	B&W	6200007551	N-119	RCSG-1A	1971	REPAIRED	X	

NIS-2 CONTINUATION

WR 345517
PAGE 2 OF 2

7.	DESCRIPTION OF WORK WELDED 10 EXPLOSIVE PLUG LOCATIONS, & PLUGGED 77 TUBES.			
8.	TESTS CONDUCTED	<input checked="" type="checkbox"/> N/A	PRESSURE	TESTS TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other	N/A	psi	N/A °F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)			

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>[Signature]</i>	TITLE <i>Senior Nuclear Mech Engr</i>	DATE <i>1-28-98</i>
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HARTFORD STEAM BOILER I & I Co. of HARTFORD, CT have inspected the components described in this Owner's Report during the period 7-9-97 to 1-30-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

<i>[Signature]</i>	<u>NB 7550 INCA FL 195</u>
INSPECTOR'S SIGNATURE	COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
<u>1-30-98</u>	
DATE	



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER	Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	DATE	7-9-97					
2.	PLANT	Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME)	FLORIDA POWER CORP.	REPAIR ORGANIZATION P.O. NUMBER	JOB NUMBER, ETC.					
	ADDRESS	15760 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM								
		RC							
5a.	APPLICABLE CONSTRUCTION CODE	EDITION	ADDENDA	CODE CASES					
	ASME SC III	1965	S67	1332-4, 1338-4					
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS			CODE CASES					
	1983 EDITION, SUMMER 1983 ADDENDA			83S83					
6.	Identification of Components Repaired or Replaced and Replacement Components								
	NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
								YES	NO
	'B' OTSG	B&W	6200007552	N-120	RCSG-1B	1971	REPAIRED	X	

NIS-2 CONTINUATION

WR 345518
PAGE 2 OF 2

7.	DESCRIPTION OF WORK WELDED 28 EXPLOSIVE PLUGS & ROLL PLUGGED 483 TUBES.			
8.	TESTS CONDUCTED	<input checked="" type="checkbox"/> N/A	PRESSURE	TESTS TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other	N/A	psi	N/A °F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)			

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>B. R. Johnson</i>	TITLE <i>Senior Nuclear Mech Engr</i>	DATE <i>1-28-98</i>
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HARTFORD STEAM BOILER I & I Co. of _____

_____ have inspected the components described in this Owner's Report during the period 7-9-97 to 1-30-98, and state that to the best of my knowledge and

belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

_____ INSPECTOR'S SIGNATURE <i>1-30-98</i> _____ DATE	_____ NB 7550 INCA FL 195 COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
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**NIS-2 OWNER'S REPORT OF REPAIR OR
REPLACEMENT AS REQUIRED BY THE PROVISIONS
OF ASME CODE SECTION XI**

NIS-2.FRM


1.	OWNER	Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	DATE	6/8/97					
2.	PLANT	Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708	Page 1 of 2						
3.	WORK PERFORMED BY (NAME)	Florida Power Corporation	REPAIR ORGANIZATION, P.O. NUMBER, WR NUMBER, ETC.						
	ADDRESS	15760 W. Power Line Street, Crystal River, FL 34428-6708							
4.	IDENTIFICATION OF SYSTEM								
	MU								
5a.	APPLICABLE CONSTRUCTION CODE	USAS B31.1	EDITION	19 67					
			ADDENDA, CODE CASES	N/A. N/A					
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS	1983	ADDENDA, CODE CASES						
			1983, SUMMER ADDENDA, NO CODE CASES						
6.	Identification of Components Repaired or Replaced and Replacement Components								
	NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL NUMBER	NATIONAL BD. NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
								YES	NO
	VALVE	N/A	N/A	NA	MUV-567	N/A	REPLACEMENT		N

NIS-2 CONTINUATION
WR# 346526

DESCRIPTION OF WORK			
7.	INSTALLED STUB OUTS ON BOTH ENDS OF VALVE MUV-567 ^{BY WELDING} PER MAR P97-02-20-01 . VALVE		
	INSTALLED INTO SYSTEM UNDER WR 347982 AND MAR INSTRUCTIONS		
8. TESTS CONDUCTED			
	<input type="checkbox"/> Hydrostatic	<input type="checkbox"/> Pneumatic	<input type="checkbox"/> Nominal Operating Pressure
	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> N/A	
	PRESSURE		TEST TEMP.
	N/A psi		N/A °F
REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)			
9.	VALVE WITH STUB OUTS WAS SENT TO VENDOR WYLE LABS FOR HYDRO TESTING PRIOR TO		
	INSTALLATION INTO THE SYSTEM.		

CERTIFICATE OF COMPLIANCE

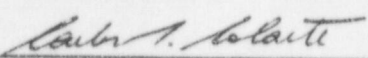
We certify that the statements made in this report are correct and this Repair Replacement Conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNER SIGNATURE 	TITLE PRINCIPAL MECHANICAL ENGINEER	DATE 8/26/98
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA employed by THE HARTFORD STEAM BOILER I & I COMPANY of HARTFORD, CT have inspected the components described in this Owner's Report during the period 6/8/97 to 8-27-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.


INSPECTOR'S SIGNATURE

NB 7550 INCA FL 195
COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)

8-27-98
DATE



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

PAGE 1 OF 2

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	DATE 2-27-96						
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.	REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 311598						
	ADDRESS 15760 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM MS							
5a.	APPLICABLE CONSTRUCTION CODE ASME SECTION III, CLASS A	EDITION 1965 ADDENDA SUMMER 1967 CODE CASES N/A						
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA	CODE CASES N/A						
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
STEAM GENERATOR	B&W	6200007551	N-119	RCSG-1A	1971	REPLACEMENT	X	

NIS-2 CONTINUATION

WR 311593
PAGE 2 OF 2

7.	DESCRIPTION OF WORK REPLACED 2 MANWAY STUDS, AND 1 HAND HOLE STUD.			
8.	TESTS CONDUCTED	<input checked="" type="checkbox"/> N/A	PRESSURE	TESTS TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other	N/A	N/A psi	N/A F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)			

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>B.R. Johnson</i>	TITLE <i>Senior Welding Mach Eng</i>	DATE <i>2-3-98</i>
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HARTFORD STEAM BOILER I & I Co. of HARTFORD, CT have inspected the components described in this Owner's Report during the period 2-27-96 to 2-3-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

<i>Paul A. Blaine</i>	<u>NB 7550 INCA FL 195</u>
INSPECTOR'S SIGNATURE	COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
<u>2-3-98</u>	
DATE	



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	DATE 2-27-96						
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.	REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 311594						
3.	ADDRESS 15760 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM MS							
5a.	APPLICABLE CONSTRUCTION CODE ASME SECTION III, CLASS A	EDITION 1965 ADDENDA SUMMER 1967 CODE CASES N/A						
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA	CODE CASES N/A						
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
STEAM GENERATOR	B&W	6200007552	N-120	RCSG-1B	1971	REPLACEMENT	X	

NIS-2 CONTINUATION

WR 311594
PAGE 2 OF 2

7.	DESCRIPTION OF WORK REPLACED 2 MANWAY STUDS, AND 1 HANDHOLE STUD				
8.	TESTS CONDUCTED <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other	<input checked="" type="checkbox"/> N/A	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">PRESSURE N/A psi</td> <td style="width: 50%;">TESTS TEMP. N/A F</td> </tr> </table>	PRESSURE N/A psi	TESTS TEMP. N/A F
PRESSURE N/A psi	TESTS TEMP. N/A F				
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)				

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>B.R. Johnson</i>	TITLE <i>Senior Nuclear Mech Engr</i>	DATE <i>1-28-98</i>
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HARTFORD STEAM BOILER F&I Co. of HARTFORD, CT have inspected the components described in this Owner's Report during the period 2-27-96 to 1-31-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

<u><i>Scott A. Martin</i></u> INSPECTOR'S SIGNATURE <u>1-31-98</u> DATE	<u>NB 7550 INCA FL 195</u> COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
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NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

NIS-2.FRM

1.	OWNER	Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	DATE	10/21/97					
2.	PLANT	Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708	Page 1 of 2						
3.	WORK PERFORMED BY (NAME)	Florida Power Corporation	REPAIR ORGANIZATION, P.O. NUMBER, WR NUMBER, ETC.						
	ADDRESS	15760 W. Power Line Street, Crystal River, FL 34428-6708							
4.	IDENTIFICATION OF SYSTEM								
	MU								
5a.	APPLICABLE CONSTRUCTION CODE	EDITION	ADDENDA, CODE CASES						
	USAS B31.1	19 67	NA						
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS	ADDENDA, CODE CASES							
	1983	1983, SUMMER ADDENDA, NO CODE CASES							
6.	Identification of Components Required or Replaced and Replacement Components								
	NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL NUMBER	NATIONAL BD. NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
								YES	NO
	VALVE	VELAN	NA	NA	MUV-17	1982	REPLACEMENT		N

NIS-2 CONTINUATION

DESCRIPTION OF WORK			
7.	REPLACED DISC ASSEMBLY.		
8.	TESTS CONDUCTED	PRESSURE	TEST TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other <input checked="" type="checkbox"/> N/A	N/A psi	N/A °F
REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)			
9.			

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE	TITLE	DATE
<i>BR Hansen</i>	Senior Nuclear Mech Engr	2/17/98

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA employed by THE HARTFORD STEAM BOILER I & I CO of HARTFORD, CT have inspected the components described in this Owner's Report during the period 10-21-97 to 2-19-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Salvatore A. Polato
INSPECTOR'S SIGNATURE

NB 7510 INCA FL 195
COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)

2-19-98
DATE

**NIS-2 CONTINUATION
WR# 324921**

7.	DESCRIPTION OF WORK		
	MODIFIED SUPPORTS BY WELDING PER MAR# 92050101A		
8.	TESTS CONDUCTED	PRESSURE	TEST TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other X N/A	N/A psi	N/A °F
	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		
9.	SUPPORT DHH-620 IS A ISI CLASS 2 SUPPORT. SUPPORTS SFH-561 AND SFH-564 ARE ISI CLASS 3 SUPPORTS.		

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair X Replacement Conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE	TITLE	DATE
<i>Bl. Larson</i>	SENIOR NUCLEAR MECH. ENGINEER	<i>3/31/95</i>

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA employed by THE HARTFORD STEAM BOILER I & I COMPANY of HARTFORD, CT have inspected the components described in this Owner's Report during the period 2/20/95 to 4-4-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Salvatore A. Colantuono
INSPECTOR'S SIGNATURE

NB 7550 INCA FL 195
COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)

4-4-98
DATE



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042						DATE 2-21-95	
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15780 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.				REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 324954			
3.	ADDRESS 15780 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM DH							
5a.	APPLICABLE CONSTRUCTION CODE USAS B31.1.0			EDITION 1967	ADDENDA NA	CODE CASES NA		
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA					CODE CASES NA		
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
PIPING SUPPORT	POWER PIPING	NA	NA	DHH-542A	NA	REPLACEMENT		X



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	DATE 2-21-95						
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.	REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 324954						
3.	ADDRESS 15760 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM DH							
5a.	APPLICABLE CONSTRUCTION CODE USAS B31.1.0	EDITION 1967						
		ADDENDA NA						
		CODE CASES NA						
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA	CODE CASES NA						
6.	Identification of Components Repaired or Replaced and Replacement Components							
	NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED
								YES NO
	PIPING SUPPORT	POWER PIPING	NA	NA	DHH-548	NA	REPLACEMENT	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER	Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	DATE	2-21-95					
2.	PLANT	Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME)	REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC.							
	FLORIDA POWER CORP.	WR 324954							
3.	ADDRESS	15760 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM								
		DH							
5a.	APPLICABLE CONSTRUCTION CODE	EDITION	ADDENDA	CODE CASES					
	USAS B31.1.0	1967	NA	NA					
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS			CODE CASES					
	1983 EDITION, SUMMER 1983 ADDENDA			NA					
6.	Identification of Components Repaired or Replaced and Replacement Components								
	NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
								YES	NO
	PIPING SUPPORT	POWER PIPING	NA	NA	DHH-554	NA	REPLACEMENT		X



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	DATE 2-21-95						
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.	REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 324954						
3.	ADDRESS 15760 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM DH							
5a.	APPLICABLE CONSTRUCTION CODE USAS B31.1.0	EDITION 1967						
5b.	ADDENDA NA	CODE CASES NA						
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA	CODE CASES NA						
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
PIPING SUPPORT	POWER PIPING	NA	NA	DHH-558	NA	REPLACEMENT		X



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042						DATE 2-21-95	
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15780 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.				REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 324954			
	ADDRESS 15780 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM DH							
5a.	APPLICABLE CONSTRUCTION CODE USAS B31.1.0			EDITION 1967	ADDENDA NA	CODE CASES NA		
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA					CODE CASES NA		
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
PIPING SUPPORT	POWER PIPING	NA	NA	DHH-566	NA	REPLACEMENT		X



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042						DATE 2-21-95	
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15780 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.				REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 324954			
	ADDRESS 15780 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM DH							
5a.	APPLICABLE CONSTRUCTION CODE USAS B31.1.0			EDITION 1967	ADDENDA NA	CODE CASES NA		
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA					CODE CASES NA		
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
PIPING SUPPORT	POWER PIPING	NA	NA	DHH-576	NA	REPLACEMENT		X



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	DATE 2-21-95						
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.	REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 324954						
3.	ADDRESS 15760 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM DH							
5a.	APPLICABLE CONSTRUCTION CODE USAS B31.1.0	EDITION 1967						
		ADDENDA NA						
		CODE CASES NA						
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA	CODE CASES NA						
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
PIPING SUPPORT	POWER PIPING	NA	NA	DHH-583	NA	REPLACEMENT		X



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	DATE 2-21-95						
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.	REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 324954						
3.	ADDRESS 15760 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM <div style="text-align:center;">DH</div>							
5a.	APPLICABLE CONSTRUCTION CODE USAS B31.1.0	EDITION 1967						
	ADDENDA NA	CODE CASES NA						
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA							
	CODE CASES NA							
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
PIPING SUPPORT	POWER PIPING	NA	NA	DHH-588	NA	REPLACEMENT		X



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042						DATE 2-21-95	
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15750 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.			REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 324954				
3.	ADDRESS 15750 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM DH							
5a.	APPLICABLE CONSTRUCTION CODE USAS B31.1.0		EDITION 1967	ADDENDA NA	CODE CASES NA			
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA				CODE CASES NA			
3.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
PIPING SUPPORT	POWER PIPING	NA	NA	DHR-17	NA	REPLACEMENT		X

NIS-2 CONTINUATION

WR 324954
PAGE 10 OF 10

7.	DESCRIPTION OF WORK REPLACED SUPPORTS BY WELDING PER MAR# P92050101A			
8.	TESTS CONDUCTED	<input checked="" type="checkbox"/> N/A	PRESSURE	TESTS TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other	NA	psi	NA F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)			

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>Bl Dawson</i>	TITLE <i>Senior Nuclear Mech Eng</i>	DATE <i>2/26/98</i>
---	---	------------------------

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HARTFORD STEAM BOILER I&I CO. of HARTFORD, CT have inspected the components described in this Owner's Report during the period 2-21-95 to 2-27-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

<u><i>Carl A. Solarte</i></u> INSPECTOR'S SIGNATURE <u>2-27-98</u> DATE	<u>NB 7550 INCA FL 195</u> COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
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NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	DATE 2-20-96						
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.	REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 333363						
3.	ADDRESS 15760 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM <div style="text-align: center;">MS</div>							
5a.	APPLICABLE CONSTRUCTION CODE ASME SECTION III ARTICAL 9	EDITION 1968						
	ADDENDA N/A	CODE CASES N/A						
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA	CODE CASES N/A						
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
VALVES	DRESSER	NA	NA	MSV-39, 40	NA	REPLACEMENT	X	

NIS-2 CONTINUATION

WR 333363
PAGE 2 OF 2

7.	DESCRIPTION OF WORK REPLACED 12 STUDS AND 24 NUTS ON MSV-39, AND MSV-40	
8.	TESTS CONDUCTED <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other	<input checked="" type="checkbox"/> N/A PRESSURE N/A psi
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)	

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>B. Robinson</i>	TITLE <i>Senior Nuclear Mech Engr</i>	DATE <i>2/20/95</i>
---	--	------------------------

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HARTFORD STEAM BOILER I & I Co. of HARTFORD, CT have inspected the components described in this Owner's Report during the period 2-20-96 to 2-26-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

<u><i>Mark A. Roberts</i></u> INSPECTOR'S SIGNATURE <u>2-26-98</u> DATE	<u>NB 7550 INCA FL 195</u> COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
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NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042						DATE 2-17-97	
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.				REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 336800			
	ADDRESS 15760 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM MS							
5a.	APPLICABLE CONSTRUCTION CODE ASME SECTION III CLASS A			EDITION 1965	ADDENDA SUMMER 1967	CODE CASES NA		
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA					CODE CASES NA		
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
STEAM GENERATOR	B&W	6200007551	N-119	RCSG-1A	1971	REPLACEMENT	X	

NIS-2 CONTINUATION

WR 336800
PAGE 2 OF 2

	DESCRIPTION OF WORK REPLACED 20 STUDS FOR THE SECONDARY SIDE MANWAY COVER AND 56			
7.	STUDS FOR THE SEVEN LOWER SECONDARY HAND HOLES.			
8.	TESTS CONDUCTED	<input checked="" type="checkbox"/> N/A	PRESSURE	TESTS TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other	<input type="checkbox"/>	NA psi	NA F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)			

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>B. Johnson</i>	TITLE <i>Senior Nuclear Mech Engr</i>	DATE <i>2/19/98</i>
--	--	------------------------

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HARTFORD STEAM BOILER I & I Co of HARTFORD, CT have inspected the components described in this Owner's Report during the period 2-17-97 to 2-21-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

<i>Charles A. Solanti</i>	<u>NB TSSD INCA FL 195</u>
INSPECTOR'S SIGNATURE	COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
<u>2-21-98</u>	
DATE	



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER	DATE
	Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	2-17-97

2.	PLANT	Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708
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3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.	REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 336850
	ADDRESS 15760 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428	

4.	IDENTIFICATION OF SYSTEM	MS
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5a.	APPLICABLE CONSTRUCTION CODE	EDITION	ADDENDA	CODE CASES
	ASME SECTION III CLASS A	1965	SUMMER 1967	NA

5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS	CODE CASES
	1983 EDITION, SUMMER 1983 ADDENDA	NA

6.	Identification of Components Repaired or Replaced and Replacement Components
----	--

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
STEAM GENERATOR	B&W	6200007552	N-120	RCSG-1B	1971	REPLACEMENT	X	

NIS-2 CONTINUATION

WR 336850
PAGE 2 OF 2

7.	DESCRIPTION OF WORK	REPLACED 20 STUDS FOR THE SECONDARY SIDE MANWAY COVER AND 56 STUDS FOR THE SEVEN LOWER SECONDARY HAND HOLES		
8.	TESTS CONDUCTED	<input checked="" type="checkbox"/> N/A	PRESSURE	TESTS TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other	N/A psi	N/A	F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)			

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>BR [Signature]</i>	TITLE <i>Senior Nuclear Mech Engr</i>	DATE <i>2/19/98</i>
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HARTFORD STEAM BOILER I & I Co. of HARTFORD CT have inspected the

components described in this Owner's Report during the period 2-17-97 to 2-21-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

<u><i>Robert A. Roberts</i></u> INSPECTOR'S SIGNATURE <u>2-21-98</u> DATE	<u>NB 7550 INCA FL 195</u> COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
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NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042						DATE 1-13-97	
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.				REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 340088			
	ADDRESS 15760 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM DH							
5a.	APPLICABLE CONSTRUCTION CODE N/A			EDITION 0000	ADDENDA N/A	CODE CASES N/A		
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA					CODE CASES N/A		
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
DH PUMP	WORTHINGTON	N/A	N/A	DHP-1B	N/A	REPLACEMENT		X

NIS-2 CONTINUATION

7.	DESCRIPTION OF WORK REPLACED PUMP ROTATING ASSEMBLY AND FLANGE BOLTING (4).			
8.	TESTS CONDUCTED	<input type="checkbox"/> N/A	PRESSURE	TESTS TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input checked="" type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other	**	psi	N/A ^F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)			
	** SYSTEM INSERVICE TEST PRESSURE WAS 40 PSI ON THE SUCTION			
	SIDE, AND 170 PSI ON THE DISCHARGE SIDE.			

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>B. Johnson</i>	TITLE <i>Senior Nuclear Mech Engr</i>	DATE <i>2/18/98</i>
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HARTFORD STEAM BOILER I & I CO. of HARTFORD, CT have inspected the components described in this Owner's Report during the period 1-13-97 to 3-14-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.


<u><i>John J. Colantuono</i></u> INSPECTOR'S SIGNATURE 3-14-98 DATE	<u>NB 7550 INCA FL 195</u> COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
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NIS-2 CONTINUATION
WR# 341851

DESCRIPTION OF WORK			
7.	PRE FABRICATED COMPONENT SUPPORTS BY WELDING PER MAR# P97020701, TO BE INSTALLED UNDER WR 341755		
TESTS CONDUCTED			
	<input type="checkbox"/> Hydrostatic	<input type="checkbox"/> Pneumatic	<input type="checkbox"/> Nominal Operating Pressure
	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> N/A	
		PRESSURE	TEST TEMP.
		NA	NA °F
REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)			
9.			

CERTIFICATE OF COMPLIANCE

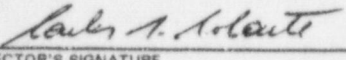
We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE 	TITLE PRINCIPAL MECH. ENG	DATE 5/12/98
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA employed by THE HARTFORD STEAM BOILER I&I CO. of HARTFORD, CT have inspected the components described in this Owner's Report during the period 4-25-97 to 8-27-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.


INSPECTOR'S SIGNATURE

NB 7550 INCA FL 195
COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)

8-27-98
DATE



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	DATE 4-3-97							
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708								
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.	REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 341873							
3.	ADDRESS 15760 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428								
4.	IDENTIFICATION OF SYSTEM MU								
5a.	APPLICABLE CONSTRUCTION CODE SEE REMARKS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">EDITION <small>ASME 1-11-96</small> 0000 N/A</td> <td style="width:33%;">ADDENDA N/A</td> <td style="width:33%;">CGDE CASES N/A</td> </tr> </table>	EDITION <small>ASME 1-11-96</small> 0000 N/A	ADDENDA N/A	CGDE CASES N/A				
EDITION <small>ASME 1-11-96</small> 0000 N/A	ADDENDA N/A	CGDE CASES N/A							
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA	CODE CASES N/A							
6.	Identification of Components Repaired or Replaced and Replacement Components								
	NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
								YES	NO
	VALVE	FISHER	10A3115X06	NA	NA	94	REPLACEMENT		X

NIS-2 CONTINUATION

WR 341873
PAGE 2 OF 2

7.	DESCRIPTION OF WORK REPLACED STEM ASSEMBLY, CAGE AND SEAT RING.									
8.	TESTS CONDUCTED <table style="float: right; margin-left: 20px;"> <tr> <td><input checked="" type="checkbox"/> N/A</td> <td>PRESSURE</td> <td>TESTS TEMP.</td> </tr> <tr> <td><input type="checkbox"/> Hydrostatic</td> <td><input type="checkbox"/> Pneumatic</td> <td><input type="checkbox"/> Nominal Operating Pressure</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td>N/A psi</td> <td>N/A F</td> </tr> </table>	<input checked="" type="checkbox"/> N/A	PRESSURE	TESTS TEMP.	<input type="checkbox"/> Hydrostatic	<input type="checkbox"/> Pneumatic	<input type="checkbox"/> Nominal Operating Pressure	<input type="checkbox"/> Other	N/A psi	N/A F
<input checked="" type="checkbox"/> N/A	PRESSURE	TESTS TEMP.								
<input type="checkbox"/> Hydrostatic	<input type="checkbox"/> Pneumatic	<input type="checkbox"/> Nominal Operating Pressure								
<input type="checkbox"/> Other	N/A psi	N/A F								
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE) VALVE BODY TO ANSI B31.7 CLASS II, NO CODE APPLIES TO PLUG AND STEM. STEM-- 316 SS (ASME-SA479) PLUG-- 440C (ASTM A276)									

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>B. Johnson</i>	TITLE <i>Senior Nuclear Mech. Engr</i>	DATE <i>1-23-98</i>
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HARTFORD STEAM BOILER I & I Co. of HARTFORD, CT have inspected the components described in this Owner's Report during the period 4-3-97 to 1-26-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

<i>Robert A. White</i>	<u>NB 2550 INCA FL 195</u>
INSPECTOR'S SIGNATURE <i>1-26-98</i>	COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
DATE	



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042						DATE 10-29-97	
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.				REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 341896			
	ADDRESS 15760 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM MU							
5a.	APPLICABLE CONSTRUCTION CODE USAS B31.1			EDITION 1967	ADDENDA NA	CODE CASES NA		
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA					CODE CASES NA		
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
SUPPORTS	NA	NA	NA	NA	NA	REPLACEMENT		X

NIS-2 CONTINUATION

WR 341896
PAGE 2 OF 2

7.	DESCRIPTION OF WORK	INSTALLED U BOLT ON SUPPORT FOR RCP-1B SEAL INJECTION		
8.	TESTS CONDUCTED	<input checked="" type="checkbox"/> N/A	PRESSURE	TESTS TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other		N/A psi	N/A F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)			

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>B.R. Hanson</i>	TITLE <i>Senior Nuclear Mech Engr</i>	DATE <i>2/20/98</i>
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HARTFORD STEAM BOILER I & I Co. of HARTFORD, CT have inspected the components described in this Owner's Report during the period 10-29-97 to 2-21-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report.

Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

<u><i>Charles S. Adair</i></u> INSPECTOR'S SIGNATURE <u>2-2-98</u> DATE	<u>NB 7550 INCA FL195</u> COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
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NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042						DATE 4-9-97	
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15780 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.				REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 341999			
	ADDRESS 15780 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM DH							
5a.	APPLICABLE CONSTRUCTION CODE ANSI B31.7			EDITION 1969	ADDENDA NA	CODE CASES NA		
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA					CODE CASES NA		
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
VALVE	CRANE	NA	NA	DHV-32	NA	REPLACEMENT		X

NIS-2 CONTINUATION

WR 341999
PAGE 2 OF 2

7.	DESCRIPTION OF WORK	REPLACED 15 STUDS AND 40 NUTS ON DHV-32 BONNET.		
8.	TESTS CONDUCTED	<input checked="" type="checkbox"/> N/A	PRESSURE	TESTS TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other		N/A psi	N/A F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)			

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>[Signature]</i>	TITLE Senior Master Mech Engr	DATE 3/20/98
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HARTFORD STEAM BOILER I & I CO. of HARTFORD, CT have inspected the components described in this Owner's Report during the period A-9-97 to 3-23-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

<u><i>[Signature]</i></u> INSPECTOR'S SIGNATURE 3-23-98 DATE	<u>NB 7550 INCA FL 195</u> COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
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NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042						DATE 5-21-97	
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.			REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 342915				
	ADDRESS 15760 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM MS							
5a.	APPLICABLE CONSTRUCTION CODE ASME SECTION III		EDITION 1971	ADDENDA SUM 1971&2, WIN 1971N/A	CODE CASES			
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA				CODE CASES N/A			
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
VALVE	ROCKWELL	N/A	N/A	MSV-411	N/A	REPAIRED \ REPLACEMENT	X	

NIS-2 CONTINUATION

WR 342915
PAGE 2 OF 2

7.	DESCRIPTION OF WORK	REPAIRED UPPER BODY ADJACENT TO GASKET SURFACE, BONNET NUT						
		BEARING AREAS, AND MAIN DISC O.D. BY WELDING / MACHINING.						
		REPLACED STEM DISC ASSEMBLY, & 20 BONNET STUDS AND NUTS.						
8.	TESTS CONDUCTED	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"><input type="checkbox"/> N/A</td> <td style="width: 20%;">PRESSURE</td> <td style="width: 20%;">TESTS TEMP.</td> </tr> <tr> <td><input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input checked="" type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other</td> <td>889 psi</td> <td>N/A F</td> </tr> </table>	<input type="checkbox"/> N/A	PRESSURE	TESTS TEMP.	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input checked="" type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other	889 psi	N/A F
<input type="checkbox"/> N/A	PRESSURE	TESTS TEMP.						
<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input checked="" type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other	889 psi	N/A F						
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)	<p>SYSTEM INSERVICE TESTING DONE UNDER WR# 344501</p>						

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>B. Johnson</i>	TITLE <i>Senior Nuclear Mech Engr</i>	DATE <i>2-12-98</i>
--	--	------------------------

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HARTFORD STEAM BOILER I & I Co. of HARTFORD, CT have inspected the components described in this Owner's Report during the period 5-2-97 to 2-13-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

<i>John A. Solarte</i>	<u>NB 7550 INCA FL 197</u>
INSPECTOR'S SIGNATURE	COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
<u>2-13-98</u>	
DATE	



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	DATE 5-21-97							
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708								
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.	REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 342916							
3.	ADDRESS 15760 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428								
4.	IDENTIFICATION OF SYSTEM MS								
5a.	APPLICABLE CONSTRUCTION CODE ASME SECTION III	EDITION 1971							
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA	ADDENDA SUM 1971&2, WIN 1971N/A							
5b.	CODE CASES N/A								
6.	Identification of Components Repaired or Replaced and Replacement Components								
	NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
								YES	NO
	VALVE	ROCKWELL	N/A	N/A	MSV-412	N/A	REPAIRED \ REPLACEMENT	X	

NIS-2 CONTINUATION

WR 342916
PAGE 2 OF 2

	DESCRIPTION OF WORK	REPAIRED UPPER BODY ADJACENT TO GASKET SURFACE, BONNET NUT		
7.	BEARING AREAS, & MAIN DISC O.D. AND SEAT BY WELDING/MACHIN-			
	ING REPLACED STEM DISC ASSEMBLY & 20 BONNET STUDS & NUTS.			
8.	TESTS CONDUCTED	<input type="checkbox"/> N/A	PRESSURE	TESTS TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input checked="" type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other		889 psi	N/A F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)			

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>B. Johnson</i>	TITLE <i>Senior Nuclear Mech Engr</i>	DATE <i>2-12-98</i>
--	--	------------------------

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HARTFORD STEAM BOILER I & I Co. of HARTFORD, CT have inspected the components described in this Owner's Report during the period 5-21-97 to 2-13-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

INSPECTOR'S SIGNATURE <i>John A. White</i> <u>2-13-98</u>	COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS) <u>NB 7550 INCA FL 195</u>
DATE	



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	DATE 5-21-97							
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-8708								
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.	REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 342917							
3.	ADDRESS 15760 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428								
4.	IDENTIFICATION OF SYSTEM <p style="text-align:center;">MS</p>								
5a.	APPLICABLE CONSTRUCTION CODE ASME SECTION III	EDITION 1971							
5a.		ADDENDA SUM 1971&2, WIN 1971N/A							
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA	CODE CASES N/A							
6.	Identification of Components Repaired or Replaced and Replacement Components								
	NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
								YES	NO
	VALVE	ROCKWELL	N/A	N/A	MSV-413	N/A	REPAIRED/ REPLACEMENT	X	

NIS-2 CONTINUATION

WR 342917
PAGE 2 OF 2

7.	DESCRIPTION OF WORK	REPAIRED BONNET BEARING AREAS, AND MAIN DISC O.D. AND SEAT		
	BY WELDING / MACHINING. REPLACED STEM DISC ASSEMBLY AND 11			
	BONNET STUDS AND 20 NUTS.			
8.	TESTS CONDUCTED	<input type="checkbox"/> N/A	PRESSURE	TESTS TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input checked="" type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other		889 psi	N/A ^F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)	9 STEPPED STUDS WERE REPLACED UNDER WR# 344136		

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>B. Johnson</i>	TITLE <i>Senior Nuclear Mech Engr</i>	DATE <i>2-12-98</i>
--	--	------------------------

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HARTFORD STEAM BOILER I & I Co. of HARTFORD, CT have inspected the components described in this Owner's Report during the period 5-21-97 to 2-13-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Carl A. White
INSPECTOR'S SIGNATURE
2-13-98

NB 7550 INCA FC 197
COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)

DATE



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042						DATE 5-21-97	
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15780 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.				REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 342918			
	ADDRESS 15780 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM MS							
5a.	APPLICABLE CONSTRUCTION CODE ASME SECTION III			EDITION 1971	ADDENDA SUM 1971&2, WIN 1971N/A	CODE CASES		
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA					CODE CASES N/A		
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
VALVE	ROCKWELL	N/A	N/A	MSV-414	N/A	REPAIRED/ REPLACEMENT	X	

NIS-2 CONTINUATION

WR 342918
PAGE 2 OF 2

	DESCRIPTION OF WORK REPAIRED GASKET SEATING SURFACE, BONNET BACK SEAT, BONNET		
7.	NUT BEARING AREAS, AND MAIN SEAT AREA BY WELDING/MACHINING.		
	REPLACED STEM DISC ASSEMBLY & 19 BONNET STUDS & NUTS (20)		
8.	TESTS CONDUCTED <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input checked="" type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other	<input type="checkbox"/> N/A PRESSURE 889 psi	TESTS TEMP. N/A F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE) 1 STEPPED STUD WAS REPLACED UNDER WR# 344136		

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>[Signature]</i>	TITLE Senior Nuclear Mech Engr	DATE 2-12-98
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HARTFORD STEAM BOILER I & I G of HARTFORD, CT have inspected the components described in this Owner's Report during the period 5-21-97 to 2-13-97, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

INSPECTOR'S SIGNATURE <i>[Signature]</i> 2-13-98	NB 7550 INCA FL 197 COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
DATE	



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042						DATE 8-12-97	
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.				REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 343940			
	ADDRESS 15760 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM MU							
5a.	APPLICABLE CONSTRUCTION CODE USAS B31.1			EDITION 1967	ADDENDA NA	CODE CASES NA		
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA					CODE CASES NA		
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
PIPE SUPPORT	GAI	NA	NA	TYPE 6A	NA	REPLACEMENT		X

NIS-2 CONTINUATION

WR 343940
PAGE 2 OF 2

7.	DESCRIPTION OF WORK REPLACED SUPPORT ADJACENT TO MUV-66 BY WELDING. REFER TO DRAWING CR3-H-6A FOR SUPPORT CONFIGURATION.			
8.	TESTS CONDUCTED <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other	<input checked="" type="checkbox"/> N/A	PRESSURE NA psi	TESTS TEMP. NA F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)			

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>B. R. Fawcett</i>	TITLE <i>Senior Nuclear Mech Engr</i>	DATE <i>2/24/98</i>
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HARTFORD STEAM BOILER I & I CO. of HARTFORD, CT have inspected the components described in this Owner's Report during the period 8-12-97 to 2-27-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

<i>John A. Blawie</i> INSPECTOR'S SIGNATURE <u>2-27-98</u> DATE	<u>NB7550 INCA FL 195</u> COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
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NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042						DATE 5-21-97	
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15780 W. Power Line Street Crystal River, FL 34428-8708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.				REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 344136			
	ADDRESS 15780 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM MS							
5a.	APPLICABLE CONSTRUCTION CODE ASME SECTION III			EDITION 1971	ADDENDA SUMMER 1972	CODE CASES NA		
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA						CODE CASES NA	
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
VALVE	ROCKWELL	NA	NA	MSV-413	NA	REPLACEMENT	X	



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042						DATE 5-21-97	
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15780 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.				REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 344136			
	ADDRESS 15780 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM MS							
5a.	APPLICABLE CONSTRUCTION CODE ASME SECTION III			EDITION 1971	ADDENDA SUMMER 1972	CODE CASES N/A		
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA					CODE CASES N/A		
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
VALVE	ROCKWELL	N/A	N/A	MSV-414	N/A	REPLACEMENT	X	

NIS-2 CONTINUATION

WR 344136
PAGE 3 OF 3

7.	DESCRIPTION OF WORK	DRILLED AND BORED STUD HOLES REPLACED 1 STEPPED STUD ON		
		MSV-414 AND 9 STEPPED STUDS ON MSV-413		
8.	TESTS CONDUCTED	<input checked="" type="checkbox"/> N/A	PRESSURE	TESTS TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other		N/A ps ¹	N/A °F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)			

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>B. Johnson</i>	TITLE <i>Senior Nuclear Mech Engr</i>	DATE <i>1-19-98</i>
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HSB I & I Co. of HARTFORD, CT have inspected the components described in this Owner's Report during the period 5-21-97 to 1-19-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

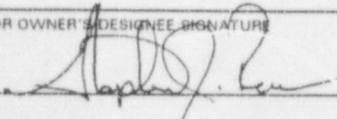
<u><i>Charles A. Blawie</i></u> INSPECTOR'S SIGNATURE	<u>NB 7550 INCA FL 195</u> COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
<u><i>Charles A. Blawie</i></u> DATE <u>1-19-98</u>	CSC <u>1-19-98</u>

NIS-2 CONTINUATION
WR# 344731

7.	DESCRIPTION OF WORK		
	FABRICATED NEW SUPPORTS BY WELDING TO BE INSTALLED UNDER WR 344735 PR MAR 96110201		
8.	TESTS CONDUCTED		TEST TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other <input checked="" type="checkbox"/> N/A		PRESSURE N/A psi
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		

CERTIFICATE OF COMPLIANCE

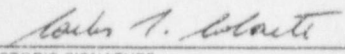
We certify that the statements made in this report are correct and this Repair Replacement
Conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE 	TITLE PRINCIPAL MECHANICAL ENGINEER	DATE 9/15/98
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of _____
employed by _____ THE HARTFORD STEAM BOILER I & I COMPANY _____ of
HARTFORD, CT _____ have inspected the
components described in this Owner's Report during the period _____ 6/9/97 _____ to
1-24-98 _____, and state that to the best of my knowledge and belief, the Owner has
performed examinations and taken corrective measures described in this Owner's Report in accordance
with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

INSPECTOR'S SIGNATURE 	COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS) NB TSSD INCA FL 195
DATE 10-17-98	



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER	Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	DATE	4-3-97					
2.	PLANT	Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME)	FLORIDA POWER CORP.	REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC.	WR 344735					
	ADDRESS	15760 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM								
		MU							
5a.	APPLICABLE CONSTRUCTION CODE	EDITION	ADDENDA	CODE CASES					
	USAS R31.1.0	1967	NA	NA					
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS			CODE CASES					
	1983 EDITION, SUMMER 1983 ADDENDA			NA					
6.	Identification of Components Repaired or Replaced and Replacement Components								
	NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
								YES	NO
	PIPE SUPPORTS	FLORIDA POWER	NA	NA	SEE MAR	1987	REPLACEMENT		X

NIS-2 CONTINUATION

WR 344735
PAGE 2 OF 2

7.	DESCRIPTION OF WORK INSTALLED NEW SUPPORTS PER MAR# P96110201		
8.	TESTS CONDUCTED	<input checked="" type="checkbox"/> N/A	PRESSURE
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other	N/A	psi
			TESTS TEMP.
			N/A F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		
	SUPPORTS FABRICATED UNDER WR 344731		
	TAG # MUH-1021 THRU 1034		

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>B. Johnson</i>	TITLE Senior Nuclear Mech Engr	DATE 2-10-98
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HARTFORD STEAM BOILER I & I Co. of HARTFORD, CT have inspected the components described in this Owner's Report during the period 9-3-97 to 2-13-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

<u><i>Bob A. Roberts</i></u> INSPECTOR'S SIGNATURE 2-13-98 _____ DATE	<u>NB 7550 INCA FL 195</u> COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
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NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

NIS-2.FRM

1.	<small>OWNER</small>	Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	<small>DATE</small>			9/9/97			
2.	<small>PLANT</small>	Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708	<small>Page</small> 1 <small>of</small> 2						
3.	<small>WORK PERFORMED BY (NAME)</small>	Florida Power Corporation	<small>REPAIR ORGANIZATION, P.O. NUMBER, WR NUMBER, ETC.</small>			345310			
	<small>ADDRESS</small>	15760 W. Power Line Street, Crystal River, FL 34428-6708							
4.	<small>IDENTIFICATION OF SYSTEM</small>	MU							
5a.	<small>APPLICABLE CONSTRUCTION CODE</small>	USAS B31.1	<small>EDITION</small>	19 67	<small>ADDENDA, CODE CASES</small> N/A. N/A				
5b.	<small>APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS</small>	1983	<small>ADDENDA, CODE CASES</small> 1983, SUMMER ADDENDA, NO CODE CASES						
6.	<small>Identification of Components Repaired or Replaced and Replacement Components</small>								
	<small>NAME OF COMPONENT</small>	<small>NAME OF MANUFACTURER</small>	<small>MANUFACTURER'S SERIAL NUMBER</small>	<small>NATIONAL BD. NO.</small>	<small>OTHER IDENTIFICATION</small>	<small>YEAR BUILT</small>	<small>REPAIRED, REPLACED OR REPLACEMENT</small>	<small>ASME CODE STAMPED</small>	
								<small>YES</small>	<small>NO</small>
	PIPING SYSTEM	N/A	N/A	NA	HPI RECIRC	1997	REPLACEMENT		N

NIS-2 CONTINUATION
WR# 345310

7.	DESCRIPTION OF WORK		
	FABRICATED AND INSTALLED PIPING, VALVES, AND COMPONENT SUPPORTS FOR THE HPI RECIRC. MOD MODIFICATION BY WELDING AND BOLTING PER MAR P96-11-02-01		
8.	TESTS CONDUCTED	PRESSURE	TEST TEMP.
	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other <input type="checkbox"/> N/A	3400 psi	85° °F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement Conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNER SIGNATURE 	TITLE PRINCIPAL MECHANICAL ENGINEER	DATE 8/20/98
---	--	-----------------

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee employed by THE HARTFORD STEAM BOILER I & I COMPANY of HARTFORD, CT have inspected the components described in this Owner's Report during the period 9/9/97 to 10/10/98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

<u>Bruce M Earnigh</u> INSPECTOR'S SIGNATURE	<u>TN2534</u> COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
<u>10/10/98</u> DATE	



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	DATE 9-18-97						
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.	REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 345311						
3.	ADDRESS 15760 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM MU							
5a.	APPLICABLE CONSTRUCTION CODE USAS B31.7	EDITION 1969						
		ADDENDA NA						
		CODE CASES B31-83 1970						
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA	CODE CASES NA						
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
PIPING SYSTEM	NA	NA	NA	NA	1997	REPLACEMENT		X

NIS-2 CONTINUATION

WR 345311
PAGE 2 OF 2

7.	DESCRIPTION OF WORK	INSTALLED NEW PIPING AND VALVES PER MAR# P96110201.		
		THE HYDRO WAS PERFORMED UNDER WORK REQUEST# 34E310.		
8.	TESTS CONDUCTED	<input type="checkbox"/> N/A	PRESSURE	TESTS TEMP.
	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other		3400 psi	85 F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)			

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>BR [Signature]</i>	TITLE <i>Senior Nuclear Mech Engr</i>	DATE <i>2-10-98</i>
--	--	------------------------

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HARTFORD STEAM BOILER I & I Co. of HARTFORD, CT have inspected the components described in this Owner's Report during the period 9-18-97 to 2-11-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

<u><i>Charles A. Solovitz</i></u> INSPECTOR'S SIGNATURE 2-11-98 DATE	<u>NB 7550 INCA FL 195</u> COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
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NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042						DATE 8-28-97	
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-8708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.				REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 345421			
	ADDRESS 1E760 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM MU							
5a.	APPLICABLE CONSTRUCTION CODE USAS B31.1.0			EDITION 1967	ADDENDA N/A	CODE CASES N/A		
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA					CODE CASES N/A		
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
PIPE SUPPORT	N/A	N/A	N/A	MUH-1039	1997	REPLACEMENT		X



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042						DATE 8-28-97	
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15780 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.				REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 345421			
3.	ADDRESS 15780 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM MU							
5a.	APPLICABLE CONSTRUCTION CODE USAS B31.1.0			EDITION 1967	ADDENDA N/A	CODE CASES N/A		
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA					CODE CASES N/A		
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
PIPE SUPPORT	N/A	N/A	N/A	MUH-1040	1997	REPLACEMENT		X



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042						DATE 8-28-97	
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15780 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.				REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 345421			
	ADDRESS 15780 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM MU							
5a.	APPLICABLE CONSTRUCTION CODE USAS B31.1.0			EDITION 1967	ADDENDA N/A	CODE CASES N/A		
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA					CODE CASES N/A		
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
PIPE SUPPORT	N/A	N/A	N/A	MUH-1041	1997	REPLACEMENT		X



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042						DATE 8-28-97	
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15780 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.			REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 345421				
	ADDRESS 15780 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM MU							
5a.	APPLICABLE CONSTRUCTION CODE USAS B31.1.0	EDITION 1967	ADDENDA N/A	CODE CASES N/A				
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 AGENDA				CODE CASES N/A			
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
PIPE SUPPORT	N/A	N/A	N/A	MUH-1042	1997	REPLACEMENT		X



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	DATE 8-28-97
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15780 W. Power Line Street Crystal River, FL 34428-6708	
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.	REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 345427
3.	ADDRESS 15780 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428	
4.	IDENTIFICATION OF SYSTEM MU	
5a.	APPLICABLE CONSTRUCTION CODE USAS B31.1.0	EDITION 1967
		ADDENDA N/A
		CODE CASES N/A
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA	
		CODE CASES N/A
6.	Identification of Components Repaired or Replaced and Replacement Components	
	NAME OF COMPONENT	NAME OF MANUFACTURER
	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.
	OTHER ID	YEAR BUILT
	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED
		YES
		NO
	PIPE SUPPORT	N/A
		N/A
		N/A
		MUH-1043
		1997
	REPLACEMENT	
		X



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	DATE 8-28-97						
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15780 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.	REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 345421						
3.	ADDRESS 15780 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM MU							
5a.	APPLICABLE CONSTRUCTION CODE USAS B31.1.0	EDITION 1967						
		ADDENDA N/A						
		CODE CASES N/A						
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA							
		CODE CASES N/A						
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
PIPE SUPPORT	N/A	N/A	N/A	MUH-1044	1997	REPLACEMENT		X



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042						DATE 8-28-97	
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15780 W. Power Line Street Crystal River, FL 34428-8708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.			REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 345421				
	ADDRESS 15780 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM MU							
5a.	APPLICABLE CONSTRUCTION CODE USAS B31.1.0		EDITION 1967	ADDENDA N/A	CODE CASES N/A			
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA				CODE CASES N/A			
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
PIPE SUPPORT		N/A	N/A	MUH-1045	1997	REPLACEMENT		X

NIS-2 CONTINUATION

WR 345421
PAGE 8 OF 8

7.	DESCRIPTION OF WORK INSTALL NEW PIPE SUPPORTS			
8.	TESTS CONDUCTED	<input checked="" type="checkbox"/> N/A	PRESSURE	TESTS TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other	N/A	psi	N/A F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE) SUPPORTS FABRICATED UNDER WR 3AA731			

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>BR Johnson</i>	TITLE Senior Nuclear Mech Engr	DATE 1/16/98
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HSB I & Co. of HARTFORD, CT have inspected the components described in this Owner's Report during the period AUG 28 - 97 to 1-17-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

<u><i>Paul J. Delaitte</i></u> INSPECTOR'S SIGNATURE 1-17-98 DATE	<u>NB7550 INCA FL 195</u> COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
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NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042						DATE 9-11-97	
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-8708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.				REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 345480			
	ADDRESS 15760 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM DH							
5a.	APPLICABLE CONSTRUCTION CODE USAS B31.1			EDITION 1967	ADDENDA NA	CODE CASES NA		
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA					CODE CASES NA		
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
SUPPORT	NA	NA	NA	DHR-50	NA	REPLACEMENT		X

NIS-2 CONTINUATION

WR 345480
PAGE 2 OF 2

7.	DESCRIPTION OF WORK REPLACED NUT ('U' BOLT)			
8.	TESTS CONDUCTED	<input checked="" type="checkbox"/> N/A	PRESSURE	TESTS TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other		NA psi	NA F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)			

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>Bradison</i>	TITLE <i>Senior Nuclear Mech Engr</i>	DATE <i>2/24/98</i>
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HARTFORD STEAM BOILER I & I CO. of HARTFORD, CT have inspected the components described in this Owner's Report during the period 9-11-97 to 2-26-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

<i>Robert A. Clavette</i>	NB 755D INCA FL 195
INSPECTOR'S SIGNATURE <i>2-26-98</i>	COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
DATE	



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	DATE 8-9-97						
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15780 W. Power Line Street Crystal River, FL 34428-8708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.	REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 346077						
3.	ADDRESS 15780 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM DH							
5a.	APPLICABLE CONSTRUCTION CODE ANSI B31.7	EDITION 1969						
		ADDENDA N/A						
		CODE CASES N/A						
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA							
		CODE CASES N/A						
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
VALVE	CRANE CO.	NA	NA	DHV-21	NA	REPLACEMENT		X

NIS-2 CONTINUATION

WR 346077
PAGE 2 OF 2

7.	DESCRIPTION OF WORK REPLACED VALVE DHV-21 BY WELDING.			
8.	TESTS CONDUCTED	<input type="checkbox"/> N/A	PRESSURE	TESTS TEMP.
	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other		445 psi	91 F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)			
	HYDROSTATIC TEST CONDUCTED UNDER WR# 346318			

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>BK Lujan</i>	TITLE <i>Senior Nuclear Mech Engr</i>	DATE <i>1/16/98</i>
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HSB I&ICO of HARTFORD, CT have inspected the components described in this Owner's Report during the period AUG-9-1997 to 1-17-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

<i>John P. Roberts</i>	<u>NB TSSD INCA FL 195</u>
INSPECTOR'S SIGNATURE	COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
<u>1-17-98</u>	
DATE	



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	DATE 1D-1-97						
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15780 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.	REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 346166						
4.	ADDRESS 15780 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
5a.	IDENTIFICATION OF SYSTEM PE							
5a.	APPLICABLE CONSTRUCTION CODE ASME SECTION III, CLASS 2	EDITION 1989						
5b.	ADDENDA NA	CODE CASES NA						
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA	CODE CASES NA						
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
EXPANSION JOINT	SENIOR FLEXONIC	V-0442	NA	D-57353	1997	REPLACEMENT		X

NIS-2 CONTINUATION

WR 346166
PAGE 2 OF 2

7.	DESCRIPTION OF WORK INSTALLIATION OF EXPANSION JOINT TO PENETRATION #353 BY WELDING PER MAR# P96110201		
8.	TESTS CONDUCTED <input type="checkbox"/> Hydrostatic <input checked="" type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other	<input type="checkbox"/> N/A PRESSURE 55 psi	TESTS TEMP. 76 F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>B. Johnson</i>	TITLE <i>Senior Nuclear Mech Engr</i>	DATE <i>2-10-98</i>
--	--	------------------------

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HARTFORD STEAM BOILER I & I Co. of HARTFORD, CT have inspected the components described in this Owner's Report during the period 10-1-97 to 2-13-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

INSPECTOR'S SIGNATURE <i>Leib S. Solovitz</i> DATE <u>02/13/98</u>	COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS) <u>NB 7550 INCA FL 195</u>
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NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	DATE 9-8-97						
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.	REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 346429						
3.	ADDRESS 15760 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM <p style="text-align:center;">MU</p>							
5a.	APPLICABLE CONSTRUCTION CODE USAS B31.7	EDITION 1969						
5b.	ADDENDA NA	CODE CASES NA						
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA	CODE CASES NA						
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
VALVE	NA	NA	NA	MUV-59	NA	REPAIRED		X

NIS-2 CONTINUATION

WR 346429
PAGE 2 OF 2

7.	DESCRIPTION OF WORK REMOVED INDICATIONS BY GRINDING.				
8.	TESTS CONDUCTED <table style="width: 100%; border: none;"> <tr> <td style="width: 65%; border: none;"> <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other </td> <td style="width: 10%; border: none; text-align: center;"> <input checked="" type="checkbox"/> N/A </td> <td style="width: 15%; border: none; text-align: center;"> PRESSURE N/A psi </td> <td style="width: 10%; border: none; text-align: center;"> TESTS TEMP. N/A F </td> </tr> </table>	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other	<input checked="" type="checkbox"/> N/A	PRESSURE N/A psi	TESTS TEMP. N/A F
<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other	<input checked="" type="checkbox"/> N/A	PRESSURE N/A psi	TESTS TEMP. N/A F		
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)				

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>BR [Signature]</i>	TITLE <i>Senior Nuclear Mech. Engr</i>	DATE <i>1-23-98</i>
--	---	------------------------

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HARTFORD STEAM BOILER I & I Co of HARTFORD, CT have inspected the components described in this Owner's Report during the period 9-8-97 to 1-26-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

<u><i>John P. Solarte</i></u> INSPECTOR'S SIGNATURE <u>1-26-98</u> DATE	<u>NB 7550 INCA FL 195</u> COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
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NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	DATE 10-30-97						
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15780 W. Power Line Street Crystal River, FL 34428-8708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.	REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 346482						
3.	ADDRESS 15780 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM FW							
5a.	APPLICABLE CONSTRUCTION CODE USAS B31.1.0	EDITION 1967						
		ADDENDA NA						
		CODE CASES NA						
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA							
		CODE CASES NA						
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
PIPING	NA	NA	NA	NA	1971	REPAIRED		X

NIS-2 CONTINUATION

WR 346482
PAGE 2 OF 2

7.	DESCRIPTION OF WORK BASE METAL REPAIR BY WELDING ON FW PIPING ADJACENT			
	TO COMPONENT SUPPORT FWH-146			
8.	TESTS CONDUCTED	<input checked="" type="checkbox"/> N/A	PRESSURE	TESTS TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other		N/A psi	N/A F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)			

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>B. R. Johnson</i>	TITLE <i>Senior Nuclear Mech Engr</i>	DATE <i>1-19-98</i>
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HSB I & I Co. of HARTFORD, CT have inspected the components described in this Owner's Report during the period 10-30-97 to 1-19-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

<i>Charles A. Solomito</i>	<u>NB7550 ANCI FL 195</u>
INSPECTOR'S SIGNATURE	COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
<u>1-19-98</u>	
DATE	



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042						DATE 9-8-97	
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.				REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 346553			
	ADDRESS 15760 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM CI							
5a.	APPLICABLE CONSTRUCTION CODE USAS B31.1.0			EDITION 1967	ADDENDA NA	CODE CASES NA		
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA					CODE CASES NA		
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
SUPPORTS	NA	NA	NA	NA	NA	REPLACEMENT / REPAIRED		X

NIS-2 CONTINUATION

WR 346553
PAGE 2 OF 2

	DESCRIPTION OF WORK REPAIRED SUPPORTS CIH-5,7,13 AND 14 BY WELDING. REPLACED			
7.	NUTS AND BOLTS ON SUPPORTS CIH-2,4,6,8,12,15 AND 16.			
	REPLACED EYE ROD ON CIH-12			
8.	TESTS CONDUCTED	<input checked="" type="checkbox"/> N/A	PRESSURE	TESTS TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other	N/A	N/A psi	N/A F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)			

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>BR Lawson</i>	TITLE <i>Senior Nuclear Mech Engr</i>	DATE <i>2-16-98</i>
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA,

employed by THE HARTFORD STEAM BOILER I & I Co. of HARTFORD, CT have inspected the

components described in this Owner's Report during the period 9-8-97 to 2-17-98, and state that to the best of my knowledge and

belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report.

Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

John A. White
INSPECTOR'S SIGNATURE
2-17-98

NB7550 INCA FL 195
COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)

DATE



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042						DATE 8-21-97	
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15780 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.				REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 346859			
	ADDRESS 15780 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM DH							
5a.	APPLICABLE CONSTRUCTION CODE USAS B31.7			EDITION 1969	ADDENDA CODE CASE B31-83	CODE CASES		
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA					CODE CASES NA		
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
PIPE	N/A	N/A	N/A	N/A	N/A	REPAIRED		X

NIS-2 CONTINUATION

WR 346859
PAGE 2 OF 2

7.	DESCRIPTION OF WORK REDUCED SIZE OF INDICATION TO ACCEPTABLE LIMITS.			
8.	TESTS CONDUCTED	<input checked="" type="checkbox"/> N/A	PRESSURE	TESTS TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other	N/A	psi	N/A F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)			
	INDICATION REMOVED FROM WELD.			

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>BR Johnson</i>	TITLE <i>Senior Nuclear Mech Engr</i>	DATE <i>1-23-98</i>
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HARTFORD STEAM BOILER I & J Co of HARTFORD, CT have inspected the components described in this Owner's Report during the period 8-21-97 to 1-26-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

<i>Paul A. White</i>	<u>NB 7550 INCA FL 195</u>
INSPECTOR'S SIGNATURE	COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
<u>1-26-98</u>	
DATE	



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042						DATE 9-9-97	
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.			REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 347274				
	ADDRESS 15760 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM MU							
5a.	APPLICABLE CONSTRUCTION CODE USAS B31.7		EDITION 1969	ADDENDA NA	CODE CASES NA			
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA					CODE CASES NA		
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
VALVE	NA	NA	NA	MUV-60	NA	REPAIRED		X

NIS-2 CONTINUATION

WR 347274
PAGE 2 OF 2

7.	DESCRIPTION OF WORK INDICATIONS REMOVED, AND OR REDUCED TO ACCEPTABLE SIZE BY			
	GRINDING.			
8.	TESTS CONDUCTED	<input checked="" type="checkbox"/> N/A	PRESSURE	TESTS TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other	N/A	psi	N/A
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)			

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>B. R. Hanson</i>	TITLE <i>Senior Nuclear Mech. Engr</i>	DATE <i>1-23-98</i>
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HARTFORD STEAM BOILER I & I Co. of HARTFORD, CT have inspected the components described in this Owner's Report during the period 9-9-97 to 1-26-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

<u><i>Paul A. Sobotta</i></u> INSPECTOR'S SIGNATURE <u>1-26-98</u> DATE	<u>NB7550 INCA FL195</u> COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
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NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042						DATE 9-2A-97	
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15780 W. Power Line Street Crystal River, FL 34428-8708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.				REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 347281			
	ADDRESS 15780 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM EF							
5a.	APPLICABLE CONSTRUCTION CODE USAS B31.1.0			EDITION 1967	ADDENDA NA	CODE CASES		
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA					CODE CASES NA		
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
HANGER	NA	NA	NA	EFH-139	NA	REPAIRED		X

NIS-2 CONTINUATION

WR 347281
PAGE 2 OF 2

7.	DESCRIPTION OF WORK INCREASED WELD SIZE ON THE RIGID STRUT SUPPORT.			
8.	TESTS CONDUCTED <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other	<input checked="" type="checkbox"/> N/A	PRESSURE N/A psi	TESTS TEMP. N/A F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)			

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

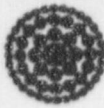
OWNER OR OWNER'S DESIGNEE SIGNATURE <i>[Signature]</i>	TITLE <i>Senior Nuclear Mech Engr</i>	DATE <i>1-26-98</i>
---	--	------------------------

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HARTFORD STEAM BOILER I & I Co. of HARTFORD, CT have inspected the components described in this Owner's Report during the period 9-24-97 to 1-30-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

<i>[Signature]</i> INSPECTOR'S SIGNATURE 1-30-98 DATE	NB 7550 INCA FL 195 COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
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Florida
Power

NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042						DATE 9-19-97	
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.			REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 347861				
	ADDRESS 15760 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM CI							
5a.	APPLICABLE CONSTRUCTION CODE USAS B31.1.0, CLASS 'ES'		EDITION 1967	ADDENDA NA	CODE CASES NA			
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA				CODE CASES NA			
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
SUPPORTS	NA	NA	NA	SEE SECT. 7	1997	REPLACEMENT		X

NIS-2 CONTINUATION

WR 347861
PAGE 2 OF 2

7.	DESCRIPTION OF WORK	FABRICATED & INSTALLED SUPPORTS CIH-225,226,227,228,& 229 BY		
	WELDING	PER MAR# 97060901.		
8.	TESTS CONDUCTED	<input type="checkbox"/> N/A	PRESSURE	TESTS TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other		N/A psi	N/A F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)			

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>BR Bennett</i>	TITLE <i>Senior Nuclear Mech Engr</i>	DATE <i>3/31/98</i>
--	--	------------------------

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by HARTFORD STEAM BOILER I & T CO. of HARTFORD, CT have inspected the components described in this Owner's Report during the period 9-19-97 to 4-3-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

<u><i>John A. Mart</i></u> INSPECTOR'S SIGNATURE <u>4-3-98</u> DATE	<u>NB 7550 INCA FL 195</u> COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
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NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042						DATE 9-27-97	
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15780 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.			REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 348039				
3.	ADDRESS 15780 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM CI							
5a.	APPLICABLE CONSTRUCTION CODE USAS B31.1.0. CLASS 'ES'		EDITION 1967	ADDENDA NA	CODE CASES NA			
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, 1983 ADDENDA				CODE CASES NA			
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
PIPE SUPPORTS	FPC	NA	NA	SEE SECT 7	1997	REPLACEMENT		X

NIS-2 CONTINUATION

WR 348039
PAGE 2 OF 2

7.	DESCRIPTION OF WORK	MODIFIED SUPPORTS CIH-7,10,13-23, AND CIH-82-90 BY WELDING		
	PER MAR# 97060901			
8.	TESTS CONDUCTED	<input type="checkbox"/> N/A	PRESSURE	TESTS TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other		N/A psi	N/A F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)			

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>BR [Signature]</i>	TITLE <i>Senior Nuclear Mech Engr</i>	DATE <i>3/20/98</i>
--	--	------------------------

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HARTFORD STEAM BOILER I & I CO. of HARTFORD, CT have inspected the components described in this Owner's Report during the period 9-27-97 to 4-22-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

<u><i>[Signature]</i></u> INSPECTOR'S SIGNATURE <i>4-22-98</i> DATE	<u>NB 7550 INCA FL195</u> COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
--	--



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042						DATE 9-30-97	
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.				REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 348115			
	ADDRESS 15760 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM CI							
5a.	APPLICABLE CONSTRUCTION CODE USAS B31.1.0 CLASS "ES"			EDITION 1967	ADDENDA NA	CODE CASES NA		
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA					CODE CASES NA		
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL ED. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
PIPE	NA	NA	NA	NA	1997	REPAIR \ REPLACEMENT		X

NIS-2 CONTINUATION

WR 348115
PAGE 2 OF 2

7.	DESCRIPTION OF WORK	REPAIRED WELD. REPLACED PIPE COMPONENTS AND BOLTING.		
8.	TESTS CONDUCTED	<input type="checkbox"/> N/A	PRESSURE	TESTS TEMP.
	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other		119 psi	75 F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)	WELD REPAIR ON 45 ELBOW NEAR SUPPORT CIH-11.		

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>B. K. Husson</i>	TITLE <i>Senior Nuclear Mech Engr</i>	DATE <i>3/31/98</i>
--	--	------------------------

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HARTFORD STEAM BOILER I & T CO. of HARTFORD, CT have inspected the components described in this Owner's Report during the period 9-30-97 to 4-4-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

<i>John A. Blatte</i>	NB 755D INCA FL 195
INSPECTOR'S SIGNATURE	COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
4-4-98	
DATE	



**NIS-2 OWNER'S REPORT OF REPAIR OR
REPLACEMENT AS REQUIRED BY THE PROVISIONS
OF ASME CODE SECTION XI**

NIS-2.FRM

1.	OWNER	Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	DATE 10/9/97						
2.	PLANT	Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708	Page 1 of 2						
3.	WORK PERFORMED BY (NAME)	Florida Power Corporation	REPAIR ORGANIZATION, P.O. NUMBER, WR NUMBER, ETC. WR 348139						
	ADDRESS	15760 W. Power Line Street, Crystal River, FL 34428-6708							
4.	IDENTIFICATION OF SYSTEM FW								
5a.	APPLICABLE CONSTRUCTION CODE	USAS B31.1.0 "ES"	EDITION	19 67	ADDENDA, CODE CASES N/A NA				
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS	1983	ADDENDA, CODE CASES 1983, SUMMER ADDENDA, NO CODE CASES						
6.	Identification of Components Repaired or Replaced and Replacement Components								
	NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL NUMBER	NATIONAL BD. NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
								YES	NO
	PIPING	N/A	N/A	NA	FW	N/A	REPLACEMENT		N

NIS-2 CONTINUATION
WR# 348139

7.	DESCRIPTION OF WORK		
	REPLACED 8 STUDS AND 16 NUTS ON THE FEED WATER INLET NOZZLE FLANGE TO STEAM GENERATOR.		
8.	TESTS CONDUCTED	PRESSURE	TEST TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other <input checked="" type="checkbox"/> N/A	N/A psi	N/A °F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement Conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE 	TITLE PRINCIPAL MECHANICAL ENGINEER	DATE 5/11/98
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA employed by THE HARTFORD STEAM BOILER I & I COMPANY of HARTFORD, CT have inspected the components described in this Owner's Report during the period 10/9/97 to 5-30-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

INSPECTOR'S SIGNATURE

NB 7550 INCA FL 195
COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)

5-30-98
DATE



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042						DATE 10-9-97	
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15780 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.			REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 348505				
	ADDRESS 15780 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM FW							
5a.	APPLICABLE CONSTRUCTION CODE USAS B31.1		EDITION 1967	ADDENDA NA	CODE CASES NA			
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA					CODE CASES NA		
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
VALVE	CRANE	NA	NA	FWV-29	NA	REPLACEMENT		X

NIS-2 CONTINUATION

WR 348505
PAGE 2 OF 2

7.	DESCRIPTION OF WORK REPLACED 1BONNET STUD AND NUT				
8.	TESTS CONDUCTED <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"><input type="checkbox"/> Hydrostatic</td> <td style="width: 10%;"><input type="checkbox"/> Pneumatic</td> <td style="width: 20%;"><input type="checkbox"/> Nominal Operating Pressure</td> <td style="width: 10%;"><input type="checkbox"/> Other</td> </tr> </table> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input checked="" type="checkbox"/> N/A PRESSURE N/A psi TESTS TEMP. N/A F </div>	<input type="checkbox"/> Hydrostatic	<input type="checkbox"/> Pneumatic	<input type="checkbox"/> Nominal Operating Pressure	<input type="checkbox"/> Other
<input type="checkbox"/> Hydrostatic	<input type="checkbox"/> Pneumatic	<input type="checkbox"/> Nominal Operating Pressure	<input type="checkbox"/> Other		
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)				

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>B. Hansen</i>	TITLE <i>Senior Nuclear Mech Eng</i>	DATE <i>2/17/98</i>
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HARTFORD STEAM BOILER I & I Co. of HARTFORD, CT have inspected the components described in this Owner's Report during the period 10-9-97 to 2-19-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

<i>John A. Holcomb</i>	<u>NB 7550 INCA FL 195</u>
INSPECTOR'S SIGNATURE	COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
<u>2-19-98</u>	
DATE	



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CCDE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042						DATE 11-12-97	
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.				REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 349014			
3.	ADDRESS 15760 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM MS							
5a.	APPLICABLE CONSTRUCTION CODE USAS B31.1			EDITION 1967	ADDENDA NA		CODE CASES NA	
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA						CODE CASES NA	
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
VALVE	CRANE	NA	NA	MSV-56	NA	REPLACEMENT		X

NIS-2 CONTINUATION

WR 349014
PAGE 2 OF 2

7.	DESCRIPTION OF WORK REPLACED BONNET ASSEMBLY AND STEM.			
8.	TESTS CONDUCTED	<input checked="" type="checkbox"/> N/A	PRESSURE	TESTS TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other		N/A psi	N/A F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)			

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>B. Johnson</i>	TITLE <i>Senior Nuclear Mech Engr</i>	DATE <i>2/17/98</i>
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HARTFORD STEAM BOILER I & I Co of HARTFORD, CT have inspected the components described in this Owner's Report during the period 11-12-97 to 2-19-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

<i>John A. Marti</i>	<u>NB 7550 INCA FL 195</u>
INSPECTOR'S SIGNATURE	COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
<u>2-19-98</u>	
DATE	



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	DATE 10-25-97						
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15780 W. Power Line Street Crystal River, FL 34428-8708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.	REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 349042						
3.	ADDRESS 15780 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM <div style="text-align: center;">SF</div>							
5a.	APPLICABLE CONSTRUCTION CODE USAS B31.1.0	EDITION 1967						
	ADDENDA NA	CODE CASES NA						
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA	CODE CASES NA						
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
SUPPORT	NA	NA	NA	SFH-576	1997	REPLACEMENT		X



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042						DATE 10-25-97	
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-8708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.				REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 349042			
3.	ADDRESS 15760 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM SF							
5a.	APPLICABLE CONSTRUCTION CODE USAS B31.1.0			EDITION 1967		ADDENDA NA		CODE CASES NA
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA						CODE CASES NA	
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
SUPPORT	NA	NA	NA	SFH-692	1997	REPLACEMENT		X

NIS-2 CONTINUATION

WR 349042
PAGE 3 OF 3

7.	DESCRIPTION OF WORK SUPPORTS MODIFIED BY WELDING AND BOLTING PER MAR# P97090701		
8.	TESTS CONDUCTED <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other	<input checked="" type="checkbox"/> N/A	PRESSURE N/A psi
			TESTS TEMP. N/A F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>B. Johnson</i>	TITLE <i>Senior Nuclear Mech Eng</i>	DATE <i>2/26/98</i>
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HARTFORD STEAM BOILER I&E CO. of HARTFORD, CT have inspected the components described in this Owner's Report during the period 10-25-97 to 3-14-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

<u><i>Robert A. Slatt</i></u> INSPECTOR'S SIGNATURE <u>3-14-98</u> DATE	<u>NB 755D INCA FL 195</u> COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
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NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	DATE 10-21-97						
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-8708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.	REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 349102						
3.	ADDRESS 15760 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM SW							
5a.	APPLICABLE CONSTRUCTION CODE USAS B31.1	EDITION 1967						
	ADDENDA NA	CODE CASES NA						
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA	CODE CASES NA						
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
SUPPORT	NA	NA	NA	SWR-245	1995	REPLACEMENT		X

NIS-2 CONTINUATION

WR 349102
PAGE 2 OF 2

7.	DESCRIPTION OF WORK MODIFIED PIPE SUPPORT SWR-245 PER MAR# P92050101A			
8.	TESTS CONDUCTED <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other	<input checked="" type="checkbox"/> N/A	PRESSURE N/A psi	TESTS TEMP. N/A F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)			

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>B. Johnson</i>	TITLE <i>Senior Nuclear Mech Engr</i>	DATE <i>2-10-98</i>
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HARTFORD STEAM BOILER I & I Co. of HARTFORD, CT have inspected the components described in this Owner's Report during the period 10-21-97 to 2-11-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

<u><i>Charles A. Blaine</i></u> INSPECTOR'S SIGNATURE <u>2-11-98</u> DATE	<u>NB 7550 INCA FL 195</u> COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
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NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042						DATE 10-22-97	
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.			REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 349111				
3.	ADDRESS 15760 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM FW							
5a.	APPLICABLE CONSTRUCTION CODE USAS B31.1.0		EDITION 1967	ADDENDA NA	CODE CASES NA			
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA					CODE CASES NA		
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
SUPPORT	NA	NA	NA	FWH-147A	NA	REPLACEMENT		X

NIS-2 CONTINUATION

WR 349111
PAGE 2 OF 2

7.	DESCRIPTION OF WORK MODIFY FWH-147A BY WELDING PER MAR# P92050101A		
8.	TESTS CONDUCTED <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other	<input checked="" type="checkbox"/> N/A PRESSURE N/A psi	TESTS TEMP. N/A F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>B. L. Lawson</i>	TITLE <i>Senior Nuclear Mech Engr</i>	DATE <i>2/17/98</i>
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HARTFORD STEAM BOILER I & I Co. of HARTFORD, CT have inspected the components described in this Owner's Report during the period 10-22-97 to 2-19-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

<i>John A. White</i>	<u>NB 7550 INCA FL 195</u>
INSPECTOR'S SIGNATURE	COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
<u>2-19-98</u>	
DATE	



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	DATE 11-1-97						
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.	REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 349430						
3.	ADDRESS 15760 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM DC							
5a.	APPLICABLE CONSTRUCTION CODE USAS B31.1.0	EDITION 1967						
	ADDENDA NA	CODE CASES NA						
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA	CODE CASES NA						
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
PIPING	NA	NA	NA	NA	NA	REPLACEMENT		X

NIS-2 CONTINUATION

WR 349430
PAGE 2 OF 2

7.	DESCRIPTION OF WORK	MODIFY PIPE BETWEEN THE OUTLET OF THE THERMX OIL COOLER OUT-		
		LET AND FLOW INDICATOR DC-FI-72 BY WELDING PER MAR# 97080601		
8.	TESTS CONDUCTED	<input type="checkbox"/> N/A	PRESSURE	TESTS TEMP.
	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other		224 psi	76 F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)			

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>[Signature]</i>	TITLE PRINCIPAL MECHANICAL ENGINEER	DATE 4/20/98
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HARTFORD STEAM BOILER I&I CO. of HARTFORD, CT have inspected the components described in this Owner's Report during the period 11-1-97 to 5-7-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

<u><i>[Signature]</i></u> INSPECTOR'S SIGNATURE 5-7-98 _____ DATE	<u>NB 7550 INCA FL195</u> COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
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NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	DATE 11-20-97						
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-8708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.	REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 350087						
3.	ADDRESS 15760 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM SW							
5a.	APPLICABLE CONSTRUCTION CODE USAS B31.1	EDITION 1967						
		ADDENDA NA						
		CODE CASES NA						
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA	CODE CASES NA						
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
SUPPORT	NA	NA	NA	SWH-303	1997	REPLACEMENT		X



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT

AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

1.	OWNER Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	DATE 11-20-97						
2.	PLANT Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708							
3.	WORK PERFORMED BY (NAME) FLORIDA POWER CORP.	REPAIR ORGANIZATION P.O. NUMBER JOB NUMBER, ETC. WR 350087						
3.	ADDRESS 15760 W. POWER LINE STREET, CRYSTAL RIVER, FL. 34428							
4.	IDENTIFICATION OF SYSTEM SW							
5a.	APPLICABLE CONSTRUCTION CODE USAS B31.1	EDITION 1967						
	ADDENDA NA	CODE CASES NA						
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983 EDITION, SUMMER 1983 ADDENDA	CODE CASES NA						
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BD. NO.	OTHER ID	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
SUPPORT	NA	NA	NA	SWH-302	1997	REPLACEMENT		X

NIS-2 CONTINUATION

WR 350087
PAGE 3 OF 3

7.	DESCRIPTION OF WORK MODIFIED SUPPORTS SWH-302 & 303 BY WELDING PER MAR# P97090502			
8.	TESTS CONDUCTED <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other	<input checked="" type="checkbox"/> N/A	PRESSURE N/A psi	TESTS TEMP. N/A F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)			

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>B. B. Anderson</i>	TITLE <i>Senior Nuclear Mech Engr</i>	DATE <i>2/19/98</i>
--	--	------------------------

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA, employed by THE HARTFORD STEAM BOILER I&T CO. of HARTFORD, CT have inspected the components described in this Owner's Report during the period 11-20-97 to 3-28-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

INSPECTOR'S SIGNATURE <i>Robert Blais</i> <u>3-28-98</u> DATE	<u>NB 7550 INCA FL 195</u> COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
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NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

NIS-2.FRM

1.	OWNER	Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	DATE	12/6/97					
2.	PLANT	Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708	Page 1 of 2						
3.	WORK PERFORMED BY (NAME)	Florida Power Corporation	REPAIR ORGANIZATION, P.O. NUMBER, WR NUMBER, ETC. WR 350332						
	ADDRESS	15760 W. Power Line Street, Crystal River, FL 34428-6708							
4.	IDENTIFICATION OF SYSTEM CH								
5a.	APPLICABLE CONSTRUCTION CODE	USAS B31.1.0	EDITION	19 67	ADDENDA, CODE CASES N/A NA				
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS	1983	ADDENDA, CODE CASES 1983, SUMMER ADDENDA, NO CODE CASES						
6.	Identification of Components Repaired or Replaced and Replacement Components								
	NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL NUMBER	NATIONAL BD. NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
								YES	NO
	PIPING	N/A	N/A	NA	CH - PIPING	N/A	REPLACEMENT		N

NIS-2 CONTINUATION

WR# 350332

7.	DESCRIPTION OF WORK		
	FABRICATED AND INSTALLED PIPING, VALVES AND COMPONENT SUPPORTS BY WELDING AND BOLTING PER MAR P97-11-02-01		
8.	TESTS CONDUCTED		TEST TEMP.
	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other <input type="checkbox"/> N/A		PRESSURE 118 psi 69.5 °F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement
Conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>Tom R Howard</i>	TITLE SR. ENGINEER	DATE 8/28/98
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA
employed by THE HARTFORD STEAM BOILER I & I COMPANY of
HARTFORD, CT have inspected the
components described in this Owner's Report during the period 12/6/97 to
8-28-98, and state that to the best of my knowledge and belief, the Owner has
performed examinations and taken corrective measures described in this Owner's Report in accordance
with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Joseph A. Blawie
INSPECTOR'S SIGNATURE

NB 7550 INCA FL 195
COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)


8-28-98
DATE

NIS-2 CONTINUATION
WR# 301908

7.	DESCRIPTION OF WORK		
	REPLACED PRIMARY SIDE MANWAY AND HANDHOLE STUDS AND NUTS		
8.	TESTS CONDUCTED	PRESSURE	TEST TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input checked="" type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other <input type="checkbox"/> N/A	2155 psi	555 °F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		

CERTIFICATE OF COMPLIANCE

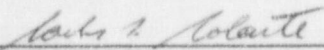
We certify that the statements made in this report are correct and this Repair Replacement Conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNATED SIGNATURE 	TITLE PRINCIPAL MECHANICAL ENGINEER	DATE 10/8/98
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA employed by THE HARTFORD STEAM BOILER I & I COMPANY of HARTFORD, CT have inspected the components described in this Owner's Report during the period 12/11/92 to 10-23-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.


INSPECTOR'S SIGNATURE

NB 7550 INCA FL 195
COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)

10-23-98
DATE

NIS-2 CONTINUATION
WR# 301059

Page 2 of 2

7.	DESCRIPTION OF WORK REPLACED CRDM BOLTING		
8.	TESTS CONDUCTED <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input checked="" type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other <input type="checkbox"/> N/A	PRESSURE 2155 psi	TEST TEMP. 555 °F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE) ISLT PERFORMED BY NQC		

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and this Repair Replacement Conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE 	TITLE PRINCIPAL MECHANICAL ENGINEER	DATE 10/9/98
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA employed by THE HARTFORD STEAM BOILER I & I COMPANY of HARTFORD, CT have inspected the components described in this Owner's Report during the period 12/7/92 to 10-23-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

INSPECTOR'S SIGNATURE

NB 7550 INCA FL 195
COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)

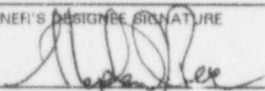
10-23-98
DATE

NIS-2 CONTINUATION
WR# 312027

7.	DESCRIPTION OF WORK		
	REPLACED BONNET BOLTING ON MUV-161		
8.	TESTS CONDUCTED	PRESSURE	TEST TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input checked="" type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other <input type="checkbox"/> N/A	N/A psi	N/A °F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		
	ISLT PERFORMED BY NQC		

CERTIFICATE OF COMPLIANCE

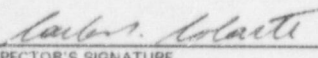
We certify that the statements made in this report are correct and this Repair Replacement Conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE 	TITLE PRINCIPAL MECHANICAL ENGINEER	DATE 10/9/98
--	--	-----------------

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA employed by THE HARTFORD STEAM BOILER I & I COMPANY of HARTFORD, CT have inspected the components described in this Owner's Report during the period 3/30/94 to 10-23-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.


INSPECTOR'S SIGNATURE

NB 7550 INCA FL 195
COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)

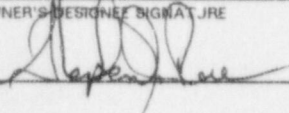
10-23-98
DATE

NIS-2 CONTINUATION
WR# 312028

7.	DESCRIPTION OF WORK		
	REPLACED BONNET BOLTING ON MUV-160		
8.	TESTS CONDUCTED	PRESSURE	TEST TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input checked="" type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other <input type="checkbox"/> N/A	N/A psi	N/A °F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		
	ISLT PERFORMED BY NQC		

CERTIFICATE OF COMPLIANCE

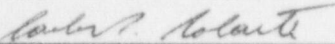
We certify that the statements made in this report are correct and this Repair Replacement Conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE 	TITLE PRINCIPAL MECHANICAL ENGINEER	DATE 10/2/98
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA employed by THE HARTFORD STEAM BOILER I & I COMPANY of HARTFORD, CT have inspected the components described in this Owner's Report during the period 3/30/94 to 10-23-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.


INSPECTOR'S SIGNATURE

NB 7550 INCA FL 195
COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)


10-23-98
DATE

NIS-2 CONTINUATION
WR# 299500

7.	DESCRIPTION OF WORK		
	PEPLACED PRIMARY SIDE HANDHOLE STUDS AND NUTS		
8.	TESTS CONDUCTED	PRESSURE	TEST TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input checked="" type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other <input type="checkbox"/> N/A	2105 psi	555 °F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		
	ISLT PERFORMED BY NQC		

CERTIFICATE OF COMPLIANCE

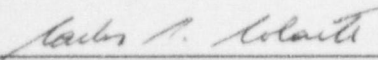
We certify that the statements made in this report are correct and this
 Repair
 Replacement
 Conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNER SIGNATURE 	TITLE PRINCIPAL MECHANICAL ENGINEER	DATE 10/2/98
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CERTIFICATE OF INSPECTION

i, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA employed by THE HARTFORD STEAM BOILER I & I COMPANY of HARTFORD, CT have inspected the components described in this Owner's Report during the period 3/8/94 to 10-23-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.


INSPECTOR'S SIGNATURE

NS 7550 INCA FL 195
COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)


10-23-98
DATE

NIS-2 CONTINUATION
WR# 301732

7.	DESCRIPTION OF WORK		
	REPLACED BONNET BOLTING ON MUV-37		
8.	TESTS CONDUCTED	PRESSURE	TEST TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input checked="" type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other <input type="checkbox"/> N/A	N/A psi	N/A °F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		
	ISLT PERFORMED BY NOC		

CERTIFICATE OF COMPLIANCE

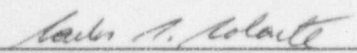
We certify that the statements made in this report are correct and this Repair Replacement Conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNER SIGNATURE 	TITLE PRINCIPAL MECHANICAL ENGINEER	DATE 10/9/98
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA employed by THE HARTFORD STEAM BOILER I & I COMPANY of HARTFORD, CT have inspected the components described in this Owner's Report during the period 1/12/93 to 10-23-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.


INSPECTOR'S SIGNATURE

NB 7550 INCA FL 195
COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)

10-23-98
DATE



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

NIS-2.FRM

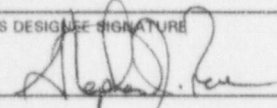
1.	OWNER	Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	DATE 3/18/93						
2.	PLANT	Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708	Page 1 of 2						
3.	WORK PERFORMED BY (NAME)	Florida Power Corporation	REPAIR ORGANIZATION, P.O. NUMBER, WR NUMBER, ETC. WR 308253						
	ADDRESS	15760 W. Power Line Street, Crystal River, FL 34428-6708							
4.	IDENTIFICATION OF SYSTEM	MU							
5a.	APPLICABLE CONSTRUCTION CODE	USAS B31.1	EDITION	ADDENDA, CODE CASES					
			19 67	N/A / N/A					
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS	1983	ADDENDA, CODE CASES 1983, SUMMER ADDENDA, NO CODE CASES						
6.	Identification of Components Repaired or Replaced and Replacement Components								
	NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL NUMBER	NATIONAL BD. NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
								YES	NO
	VALVE	N/A	N/A	N/A	MUV-6	N/A	REPLACEMENT		N

NIS-2 CONTINUATION
WR# 308253

7.	DESCRIPTION OF WORK		
	REPLACED 1 BONNET BOLT AND NUT ON MUV-6		
8.	TESTS CONDUCTED	PRESSURE	TEST TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input checked="" type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other <input type="checkbox"/> N/A	N/A psi	N/A °F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		
	ISLT PERFORMED BY NQC		

CERTIFICATE OF COMPLIANCE

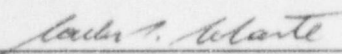
We certify that the statements made in this report are correct and this Repair Replacement Conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE 	TITLE PRINCIPAL MECHANICAL ENGINEER	DATE 10/9/98
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA employed by THE HARTFORD STEAM BOILER I & I COMPANY of HARTFORD, CT have inspected the components described in this Owner's Report during the period 3/18/93 to 10-23-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.


INSPECTOR'S SIGNATURE

NB 7550 INCA FL 195
COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)

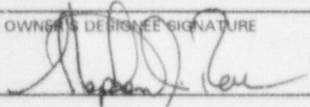
10-23-98
DATE

**NIS-2 CONTINUATION
WR# 319344**

7.	DESCRIPTION OF WORK		
	REPLACED SECONDARY SIDE HANDHOLE STUDS AND NUTS		
8.	TESTS CONDUCTED	PRESSURE	TEST TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other <input checked="" type="checkbox"/> N/A	N/A psi	N/A °F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		

CERTIFICATE OF COMPLIANCE

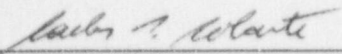
We certify that the statements made in this report are correct and this Repair Replacement Conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE 	TITLE PRINCIPAL MECHANICAL ENGINEER	DATE 10/9/98
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA employed by THE HARTFORD STEAM BOILER I & I COMPANY of HARTFORD, CT have inspected the components described in this Owner's Report during the period 5/24/95 to 10-23-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.


INSPECTOR'S SIGNATURE

NB 7550 INCA FL 195
COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)

10-23-98
DATE



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

NIS-2.FRM

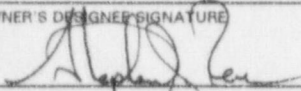
1.	OWNER	Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	DATE	5/23/94					
2.	PLANT	Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708	Page 1 of 2						
3.	WORK PERFORMED BY (NAME)	Florida Power Corporation	REPAIR ORGANIZATION, P.O. NUMBER, WR NUMBER, ETC.						
	ADDRESS	15760 W. Power Line Street, Crystal River, FL 34428-6708							
4.	IDENTIFICATION OF SYSTEM	BS							
5a.	APPLICABLE CONSTRUCTION CODE	USAS B31.7	EDITION	19 69	ADDENDA, CODE CASES				
				N/A	/ N/A				
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS	1983	ADDENDA, CODE CASES						
			1983, SUMMER ADDENDA, NO CODE CASES						
6.	Identification of Components Repaired or Replaced and Replacement Components								
	NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL NUMBER	NATIONAL BD. NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
								YES	NO
	PIPING	N/A	N/A	N/A	BS-12-FO	N/A	REPLACEMENT		N

NIS-2 CONTINUATION
WR# 319520

7.	DESCRIPTION OF WORK		
	REPLACED FLANGE BOLTING		
8.	TESTS CONDUCTED	PRESSURE	TEST TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other <input checked="" type="checkbox"/> N/A	N/A psi	N/A °F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		
	ISLT PERFORMED BY NQC		

CERTIFICATE OF COMPLIANCE

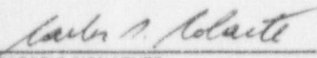
We certify that the statements made in this report are correct and this Repair Replacement Conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNER SIGNATURE 	TITLE PRINCIPAL MECHANICAL ENGINEER	DATE 10/9/98
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA employed by THE HARTFORD STEAM BOILER I & I COMPANY of HARTFORD, CT have inspected the components described in this Owner's Report during the period 5/23/94 to 10-23-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.


INSPECTOR'S SIGNATURE

NB 7550 INCA FL 195
COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)


10-23-98
DATE

NIS-2 CONTINUATION
WR# 309285

7.	DESCRIPTION OF WORK		
	REPLACED FLANGE BOLTING		
8.	TESTS CONDUCTED	PRESSURE	TEST TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other <input checked="" type="checkbox"/> N/A	N/A psi	N/A °F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		
	ISLT PERFORMED BY NQC		

CERTIFICATE OF COMPLIANCE

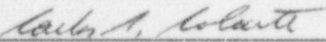
We certify that the statements made in this report are correct and this Repair Replacement Conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE 	TITLE PRINCIPAL MECHANICAL ENGINEER	DATE 10/2/98
--	--	-----------------

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA employed by THE HARTFORD STEAM BOILER I & I COMPANY of HARTFORD, CT have inspected the components described in this Owner's Report during the period 5/14/93 to 10-23-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.


INSPECTOR'S SIGNATURE

NB 7550 INCA FL 195
COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)

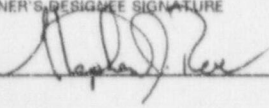
10-23-98
DATE

NIS-2 CONTINUATION
WR# 319148

7.	DESCRIPTION OF WORK		
	REPLACED BODY TO BONNET STUDS ON SWV-118		
8.	TESTS CONDUCTED	PRESSURE	TEST TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other <input checked="" type="checkbox"/> N/A	N/A psi	N/A °F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		

CERTIFICATE OF COMPLIANCE

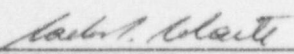
We certify that the statements made in this report are correct and this Repair Replacement Conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE 	TITLE PRINCIPAL MECHANICAL ENGINEER	DATE 10/9/98
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA employed by THE HARTFORD STEAM BOILER I & I COMPANY of HARTFORD, CT have inspected the components described in this Owner's Report during the period 5/9/94 to 10-23-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.


INSPECTOR'S SIGNATURE

NB 7550 INCA FL 195
COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)

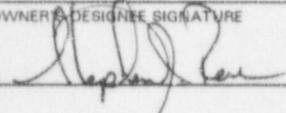
10-23-98
DATE

NIS-2 CONTINUATION
WR# 325103

7.	DESCRIPTION OF WORK		
	REPLACED FLANGE BOLTING FOR BSV-153		
8.	TESTS CONDUCTED	PRESSURE	TEST TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other <input checked="" type="checkbox"/> N/A	N/A psi	N/A °F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		
	ISLT PERFORMED BY NQC		

CERTIFICATE OF COMPLIANCE

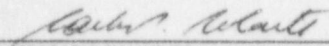
We certify that the statements made in this report are correct and this Repair Replacement Conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE 	TITLE PRINCIPAL MECHANICAL ENGINEER	DATE 10/9/98
--	--	-----------------

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA employed by THE HARTFORD STEAM BOILER I & I COMPANY of HARTFORD, CT have inspected the components described in this Owner's Report during the period 7/2/96 to 10-23-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.


INSPECTOR'S SIGNATURE

NB 7550 INCA FL 195
COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)

10-23-98
DATE



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

NIS-2.FRM


1.	OWNER	Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	DATE		5/9/94			
2.	PLANT	Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708	Page 1 of 2					
3.	WORK PERFORMED BY (NAME)	Florida Power Corporation	REPAIR ORGANIZATION, P.O. NUMBER, WR NUMBER, ETC.		WR 319138			
	ADDRESS	15760 W. Power Line Street, Crystal River, FL 34428-6708						
4.	IDENTIFICATION OF SYSTEM					SW		
5a.	APPLICABLE CONSTRUCTION CODE		EDITION		ADDENDA, CODE CASES			
	USAS B31.1		19 67		N/A / N/A			
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS		ADDENDA, CODE CASES					
	1983		1983, SUMMER ADDENDA, NO CODE CASES					
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL NUMBER	NATIONAL BD. NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
VALVE	N/A	N/A	N/A	SWV-117	N/A	REPLACEMENT		N

**NIS-2 CONTINUATION
WR# 319138**

7.	DESCRIPTION OF WORK		
	REPLACED BODY TO BONNET STUDS ON SWV-117		
8.	TESTS CONDUCTED	PRESSURE	TEST TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other <input checked="" type="checkbox"/> N/A	N/A psi	N/A °F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		

CERTIFICATE OF COMPLIANCE


We certify that the statements made in this report are correct and this Repair Replacement Conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE 	TITLE PRINCIPAL MECHANICAL ENGINEER	DATE 10/9/98
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA employed by THE HARTFORD STEAM BOILER I & I COMPANY of HARTFORD, CT have inspected the components described in this Owner's Report during the period 5/9/94 to 10-23-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.


INSPECTOR'S SIGNATURE

NB 7550 INCA FL 195
COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)

10-23-98
DATE



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

NIS-2.FRM

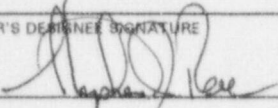
1.	OWNER	Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	DATE	9/7/93					
2.	PLANT	Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708	Page 1 of 2						
3.	WORK PERFORMED BY (NAME) ADDRESS	Florida Power Corporation 15760 W. Power Line Street, Crystal River, FL 34428-6708	REPAIR ORGANIZATION, P.O. NUMBER, WR NUMBER, ETC. WR 313683						
4.	IDENTIFICATION OF SYSTEM MU								
5a.	APPLICABLE CONSTRUCTION CODE	USAS B31.7	EDITION	19 68	ADDENDA, CODE CASES	N/A / N/A			
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS	1983	ADDENDA, CODE CASES 1983, SUMMER ADDENDA, NO CODE CASES						
6.	Identification of Components Repaired or Replaced and Replacement Components								
	NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL NUMBER	NATIONAL BD. NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
								YES	NO
	VALVE	N/A	N/A	N/A	MUV-58	N/A	REPLACEMENT		N

NIS-2 CONTINUATION
WR# 313683

7.	DESCRIPTION OF WORK		
	REPLACED BODY TO BONNET STUDS IN MUV-58		
8.	TESTS CONDUCTED	PRESSURE	TEST TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other <input checked="" type="checkbox"/> N/A	N/A psi	N/A °F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		

CERTIFICATE OF COMPLIANCE

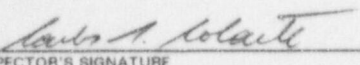
We certify that the statements made in this report are correct and this Repair Replacement Conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE 	TITLE PRINCIPAL MECHANICAL ENGINEER	DATE 10/9/98
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA employed by THE HARTFORD STEAM BOILER I & I COMPANY of HARTFORD, CT have inspected the components described in this Owner's Report during the period 9/7/93 to 10-23-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.


INSPECTOR'S SIGNATURE

NB 7550 INCA FL 195
COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)

10-23-98
DATE



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

NIS-2.FRM

1.	OWNER	Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	DATE	3/9/96					
2.	PLANT	Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708	Page 1 of 2						
3.	WORK PERFORMED BY (NAME)	Florida Power Corporation	REPAIR ORGANIZATION, P.O. NUMBER, WR NUMBER, ETC. WR 326358						
	ADDRESS	15760 W. Power Line Street, Crystal River, FL 34428-6708							
4.	IDENTIFICATION OF SYSTEM <p style="text-align: center;">MU</p>								
5a.	APPLICABLE CONSTRUCTION CODE	EDITION	ADDENDA, CODE CASES						
	USAS B31.7	19 69	N/A / N/A						
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS	ADDENDA, CODE CASES							
	1983	1983, SUMMER ADDENDA, NO CODE CASES							
6.	Identification of Components Repaired or Replaced and Replacement Components								
	NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL NUMBER	NATIONAL BD. NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
								YES	NO
	VALVE	N/A	N/A	N/A	MUV-454	N/A	REPLACEMENT		N

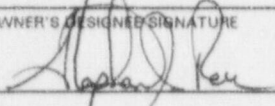
NIS-2 CONTINUATION

WR# 326358

7.	DESCRIPTION OF WORK		
	REPLACED 8 BONNET STUDS IN MUV-454		
8.	TESTS CONDUCTED	PRESSURE	TEST TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input checked="" type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other <input type="checkbox"/> N/A	2155 psi	555 °F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		

CERTIFICATE OF COMPLIANCE

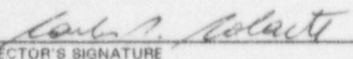
We certify that the statements made in this report are correct and this Repair Replacement Conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE 	TITLE PRINCIPAL MECHANICAL ENGINEER	DATE 10/9/98
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA employed by THE HARTFORD STEAM BOILER I & I COMPANY of HARTFORD, CT have inspected the components described in this Owner's Report during the period 3/9/96 to 10-23-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.


INSPECTOR'S SIGNATURE

NB 7550 INCA FL 195
COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)

10-23-98
DATE

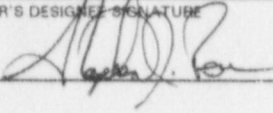
NIS-2 CONTINUATION
WR# 302300

Page 2 of 2

DESCRIPTION OF WORK			
7. INSTALLED NEW BONNET BOLTING ON FWV-38			
8.	TESTS CONDUCTED		TEST TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other <input checked="" type="checkbox"/> N/A		PRESSURE N/A psi N/A °F
REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)			
9.			

CERTIFICATE OF COMPLIANCE

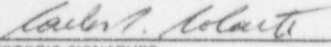
We certify that the statements made in this report are correct and this Repair Replacement Conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE 	TITLE PRINCIPAL MECHANICAL ENGINEER	DATE 10/8/98
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA employed by THE HARTFORD STEAM BOILER I & I COMPANY of HARTFORD, CT have inspected the components described in this Owner's Report during the period 1/26/93 to 10-23-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.


INSPECTOR'S SIGNATURE

NB 7550 INCA FL 195
COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)

10-23-98
DATE



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

NIS-2.FRM


1.	OWNER	Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	DATE	5/10/94					
2.	PLANT	Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708	Page 1 of 2						
3.	WORK PERFORMED BY (NAME)	Florida Power Corporation	REPAIR ORGANIZATION, P.O. NUMBER, WR NUMBER, ETC.						
	ADDRESS	15760 W. Power Line Street, Crystal River, FL 34428-6708							
4.	IDENTIFICATION OF SYSTEM								
	CI								
5a.	APPLICABLE CONSTRUCTION CODE	EDITION	ADDENDA, CODE CASES						
	USAS B31.1	19 67	N/A / N/A						
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS	ADDENDA, CODE CASES							
	1983	1983, SUMMER ADDENDA, NO CODE CASES							
6.	Identification of Components Repaired or Replaced and Replacement Components								
	NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL NUMBER	NATIONAL BD. NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
								YES	NO
	VALVE	N/A	N/A	N/A	CIV-40	N/A	REPLACEMENT		N

NIS-2 CONTINUATION
WR# 318676

7.	DESCRIPTION OF WORK		
	REPLACED BODY TO BONNET BOLTING ON CIV-40		
8.	TESTS CONDUCTED	PRESSURE	TEST TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input checked="" type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other <input type="checkbox"/> N/A	N/A psi	N/A °F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		
	ISLT PERFORMED BY MJC		

CERTIFICATE OF COMPLIANCE

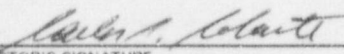
We certify that the statements made in this report are correct and this Repair Replacement Conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE 	TITLE PRINCIPAL MECHANICAL ENGINEER	DATE 10/9/98
---	--	-----------------

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA employed by THE HARTFORD STEAM BOILER I & I COMPANY of HARTFORD, CT have inspected the components described in this Owner's Report during the period 5/10/94 to 10-23-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.


INSPECTOR'S SIGNATURE

NB 7550 INCA FL 195
COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)

10-23-98
DATE



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

NIS-2.FRM

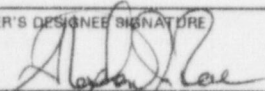
1.	OWNER	Florida Power Corporation P.O. Box 14042 St. Petersburg, FL 33733-4042	DATE <p style="text-align: center;">6/28/96</p>					
2.	PLANT	Florida Power Corporation Crystal River Energy Complex 15760 W. Power Line Street Crystal River, FL 34428-6708	Page 1 of 2					
3.	WORK PERFORMED BY (NAME) Florida Power Corporation ADDRESS 15760 W. Power Line Street, Crystal River, FL 34428-6708	REPAIR ORGANIZATION, P.O. NUMBER, WR NUMBER, ETC. <p style="text-align: center;">WR 331731</p>						
4.	IDENTIFICATION OF SYSTEM <p style="text-align: center;">FH</p>							
5a.	APPLICABLE CONSTRUCTION CODE <p style="text-align: center;">ASME SECTION III</p>	EDITION <p style="text-align: center;">19 65</p>	ADDENDA, CODE CASES <p style="text-align: center;">SUMMER 1967 /</p>					
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS <p style="text-align: center;">1983</p>	ADDENDA, CODE CASES <p style="text-align: center;">1983, SUMMER ADDENDA, NO CODE CASES</p>						
6.	Identification of Components Repaired or Replaced and Replacement Components							
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL NUMBER	NATIONAL BD. NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
PIPING	N/A	N/A	N/A	FHX-1A / B	N/A	REPLACEMENT		N

NIS-2 CONTINUATION
WR# 331731

7.	DESCRIPTION OF WORK		
	REPLACED FUEL TRANSFER TUBE FLANGE BOLTING		
8.	TESTS CONDUCTED	PRESSURE	TEST TEMP.
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other <input checked="" type="checkbox"/> N/A	N/A psi	N/A °F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		

CERTIFICATE OF COMPLIANCE

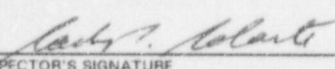
We certify that the statements made in this report are correct and this Repair Replacement Conforms to Section XI of the ASME Code.

OWNER OR OWNER'S DESIGNEE SIGNATURE 	TITLE PRINCIPAL MECHANICAL ENGINEER	DATE 10/9/98
--	--	-----------------

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA employed by THE HARTFORD STEAM BOILER I & I COMPANY of HARTFORD, CT have inspected the components described in this Owner's Report during the period 6/28/96 to 10-23-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.


INSPECTOR'S SIGNATURE

NB 7550 INCA FL 195
COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)

10-23-98
DATE